

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90180 014 ***150.00

DOCUMENT # 281698

1. Entity Name

GO TAPE LABEL & PACKAGING, INC.

Principal Place of Business

**19575 N.E. 10TH AVE.
 MIAMI FL 33179**

Mailing Address

**19575 N.E. 10TH AVE.
 MIAMI FL 33179**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1086248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ALLEN, BERNARD~~
~~19575 NE 10 AVENUE~~
~~MIAMI FL 33179~~

Name

WENDY STEINBERG

Street Address (P.O. Box Number is Not Acceptable)

19575 NE 10TH AVENUE

City

MIAMI

FL

Zip Code

33179

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Wendy Steinberg

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **C** ☐ Delete
 STREET ADDRESS **OSMAN, BARBARA**
 CITY-ST-ZIP **20235 W OAK HAVEN CIR.
 N MIAMI BCH. FL**

TITLE
 NAME **PRES** ☒ Change ☐ Addition
 STREET ADDRESS **BARBARA OSMAN**
 CITY-ST-ZIP **19575 NE 10TH AVENUE
 MIAMI FL 33179**

TITLE
 NAME **PT** ☒ Delete
 STREET ADDRESS **STEINBERG, MARTIN**
 CITY-ST-ZIP **19575 N.E. 10 AVE.
 N. MIAMI BCH. FL**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP **V.P.**

TITLE
 NAME **WENDY STEINBERG** ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **WENDY STEINBERG** ☐ Change ☒ Addition
 STREET ADDRESS **19575 NE 10TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wendy Steinberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/2002 305-652-8300

Date

Daytime Phone #

CR2E034 (9/01)