

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90061 039 ***150.00

0618849 AT

DOCUMENT # F00000000178

1. Entity Name

VYPAK CORPORATION

Principal Place of Business

Mailing Address

~~1000 SOUTH AVENUE, SUITE 11A~~
~~STATEN ISLAND NY 10314~~

~~1000 SOUTH AVENUE, SUITE 11A~~
~~STATEN ISLAND NY 10314~~

75 MAIDEN LANE, Suite 906
New York, NY 10038

75 MAIDEN LANE, Suite 906
New York, NY 10038

2. Principal Place of Business

75 MAIDEN LANE

3. Mailing Address

75 MAIDEN LANE

Suite, Apt. #, etc.

Suite 906

Suite, Apt. #, etc.

Suite 906

City & State

New York, NY

City & State

New York, NY

Zip

10038

Country

USA

Zip

10038

Country

USA

6. Name and Address of Current Registered Agent

FARRUGGIA, VINCENT
2202 N. WESTSHORE BLVD
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE **P** ☐ Delete
NAME **FARRUGGIA, VINCENT**
STREET ADDRESS **109 CARTERET STREET**
CITY-ST-ZIP **STATEN ISLAND NY 10307**

TITLE **S** ☐ Delete
NAME **FARRUGGIA, GERALDINE**
STREET ADDRESS **109 CARTERET STREET**
CITY-ST-ZIP **STATEN ISLAND NY 10307**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)