

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90413 044 ***550.00

DOCUMENT # L 01000020629

1. Entity Name

Sol Packaging USA LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3841 NE 2 AVENUE

3. Mailing Address
3841 NE 2 AVE.

Suite, Apt. #, etc.
Suite 302

Suite, Apt. #, etc.
SUITE 302

City & State
MIAMI, FLORIDA

City & State
MIAMI, FL

4. FEI Number
65-1155900

Applied For
Not Applicable

Zip
33139

Country
USA

Zip
33137

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Joseph Alcantara

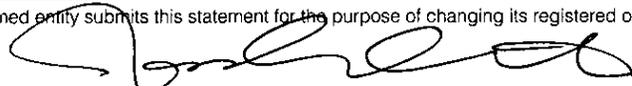
Street Address (P.O. Box Number is Not Acceptable)

3841 NE 2 Avenue Suite 302

City Miami FL Zip Code 33137

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)

6/4/02
DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

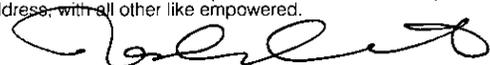
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Joseph Alcantara
3841 NE 2 Avenue Suite 302
Miami, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/02 305573-5925

Date

Daytime Phone #

CR2E034B (12/01)