

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90128 027 ****50.00

DOCUMENT # L99000001862

1. Entity Name

PACKAGING CENTER INTERNATIONAL, L.L.C.

Principal Place of Business

**8557 N.W. 68 STREET
 MIAMI FL 33166**

Mailing Address

**8557 N.W. 68 STREET
 MIAMI FL 33166**

2. Principal Place of Business

7842 N.W. 71 STREET

Suite, Apt. #, etc.

3. Mailing Address

7842 N.W. 71 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

U.S.A

Zip

33166

Country

U.S.A

4. FEI Number **65-0930795**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RIVLIN, MARK L

**1550 MADRUGA AVENUE, SUITE #120
 CORAL GABLES FL 33146**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANQUICIA COLOMBIANA DE EMPAQUES LTDA AV13 NO. 91-29, SANTA FE DE BOGOTA COLOMBIA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOTERO, ALEXANDRA AV13 NO. 91-29, SANTA FE DE BOGOTA COLOMBIA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMUS, EDUARDO M TRANSV 19A #97-34 APTO 34 SANTA FE DE BOGOTA, COLOMBIA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)