

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90023 047 ***150.00

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DOCUMENT # M12680

1. Corporation Name

J. R. PACKAGING, INC.

Principal Place of Business

**200 S. BISCAYNE BLVD.
SUITE 4750
MIAMI FL 33131**

Mailing Address

**200 S. BISCAYNE BLVD.
SUITE 4750
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1985

4. FEI Number

59-2521518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 14411 Commerce Way
Suite, Apt. #, etc.

2a. Mailing Address

26 14411 Commerce Way
Suite, Apt. #, etc.

22 Suite 320

27 Suite 320

City & State

23 Miami Lakes FL

City & State

28 Miami Lakes FL

Zip Country

24 **25**

Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**ANDREW HALL & ASSOCIATES, P.A.
1428 BRICKELL AVENUE
8TH FLOOR
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME GREENSPAN, JOSEPH
STREET ADDRESS 14411 COMMERCE WY 320
CITY-ST-ZIP MIAMI LAKES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

TITLE

NAME

STREET ADDRESS

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☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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 (11/98)