

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # M96000000217

1. Entity Name

PREFERRED PACKAGING PRODUCTS, LIMITED COMPANY

00 APR 18 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

3580 Gateway Drive

Suite, Apt. #, etc.

3. Mailing Address

3580 Gateway Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

mmmm

City & State

Pompano Beach, FL

Zip

Country

33069

U.S.

City & State

Pompano Beach

Zip

33069

Country

U.S.

4. FEI Number

34-1804185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Henry Novak
254 Bryan Rd., Bldg. 100
Dania, FL 33004

7. Name and Address of New Registered Agent

Name

David Franklin

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

3580 Gateway Drive

City

Pompano Beach

FL

Zip Code

33069

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

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

(NOTE: Registered Agent signature required when reinstating)

David Franklin

4/18/00

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☒ Delete
NAME
STREET ADDRESS Phillip Kubec
CITY-ST-ZIP 254 Bryan Rd., Suite 100

TITLE MGR ☒ Delete
NAME
STREET ADDRESS Henry Novak
CITY-ST-ZIP 254 Bryan Rd., #100

TITLE ☐ Delete
NAME
STREET ADDRESS Dania, FL 33004
CITY-ST-ZIP

TITLE MGR ☒ Delete
NAME Frank Prevatke
STREET ADDRESS 254 Bryan Rd. #100
CITY-ST-ZIP Pompano Beach, FL 33069

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition
NAME
STREET ADDRESS David Franklin
CITY-ST-ZIP 3580-Gateway Dr.
Pompano Beach, FL 33069

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200003238562-3
CITY-ST-ZIP -05/03/00--01148--003
*****50.00 *****50.00

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

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 OR MANAGER

David Franklin

Date

4/18/00

Daytime Phone #

9549779111

CR2E083 (11/99)