2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9600000217 1. Entity Name PREFERRED PACKAGING PRODUCTS, LIMITED COMPANY				FILED 01 APR 27 PM 2: 54	
Principal Place of Business 3580 GATEWAY DRIVE POMPANO BEACH FL 33069		Mailing Address 3580 GATEWAY DRIVE POMPANO BEACH FL 33069		SECRETARY OF STATE TALLAHASSEE. FLORIDA	
2. Principal Place of Business		3. Mailing Address		T TO COOK TO THE DATE OF THE OFFICE OF THE O	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 34-1804185 Applied F	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
CDANIA	N DAMD		Name	, , , , , , , , , , , , , , , , , , ,	
Franklin, David 3580 gateway drive			Street Address (P.O. Box Number is Not Acceptable)		
POMPANO BEACH FL 33069					
			City	FL Zip Code	
	1		OW!!! FEE IS ayable to Depar	s \$50.00 artment of State	
).	MANAGING MEMBE	ERS/MEMBERS	10.	ADDITIONS/CHANGES	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUBEC, PHILLIP W 254 BRYAN RD., BLDG. 100 DANIA FL 33004	☐ Delete	. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kubec, Phillip W.	Addition
NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUBEC, MELISSA 254 BRYAN RD., BLDG. 100 DANIA FL 33004	· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	19000,177	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOVAK, HENRY 254 BRYAN RD., BLVG. 100 DANIA FL 33004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Novak Henry	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PREVATKE, FRANK 254 BRYAN ROAD, BLDG. 100 DANIA FL 33004	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000042116 ¹ 1 ^{hang} — ^{QA}	•
ITLE IAME ITREET ADDRESS	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Franklin, David 5 3580 Cateway DR, ve 10Mpano Beach, FL 33069	ddition
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ddition
indicated	t certify that the information supplied with on this report is true and accurate and billity company or the receiver or trustee	that my signature shall have	the same legal effe	I tated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati ffect as if made under oath; that I am a managing member or manager of the d by Chapter 608, Florida Statutes.	tion

SIGNATURE:

SIGNATURE:

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

4/27/01 954 977911