## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 16, 2002 8:00 am Secretary of State

DOCUMENT # M9600000217					04-16-2002 90090 014 ****50.00	
Preferred Packaging Products; Limiteds. Company						
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business  3. Mailing Address				. 990920		
2. Principal Place of Business 3580 Gateway Drive Suite, Apt. #, etc.		3580 Gateway Drive Suite, Apt. #, etc.		ive	DO NOT WRITE IN THIS SPACE	
City & State	ano Beach, FL	City & State Pompano Beach, FL		FĪ.	04 400440E	oplied For ot Applicable
Zip - 33069	Country	Zip 33069	Count	ry _	5. Certificate of Status Desired S5.00 Add Fee Require	ditional
DO NOT WRITE : IN THIS SPACE				Name Davi	7. Name and Address of Current Registered Agent id Franklin	
				Street Address (P.O. Box Number is Not Acceptable) 3580 Gateway Drive		
City Pompano Beach FL Zip Code 3306  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.						069
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.  DATE						
FEE IS \$50,00						
Make Check Payable to Department of DUE BY MAY 1					State	
P. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM Melissa Kubec 3580 Gateway Dr Pompano Beach, MGR		CII¥ Title	TACORESS SI-ZIP		
Henry Novak 3580 Gateway Drive Pompano Beach, Ft. 33069  NAME			30000000	T 420RESS ST-24F		
STREET ADDRESS CITY-ST-ZIP			00000000	T ADDRESS ST - ZIP	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			3633633	TADORESS SST: 204	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		,	3000000	T ADDRESS ST-7P		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ali St.	CHY	TAXORESS ST-XP		
in thereby C	ermy marine information supplied with	that my signature shall have	, uie exer	npnon stated in 56	ection 119.07(3)(i), Florida Statutes. I further certify that the in	поппавоп