

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

0051950

DOCUMENT # N00000005616

1. Entity Name

CHARITY PACKS, INC.

05-03-2001 90925 027 *****61.25

Principal Place of Business

Mailing Address

**350 CAMINO GARDENS BLVD. #302
 BOCA RATON FL 33432**

**350 CAMINO GARDENS BLVD. #302
 BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

P.O. Box 811060

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

4. FEI Number

31-174734

Applied For

Not Applicable

Zip

Country

Zip

Country

33481

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KARNIOL, WILLIAM
 350 CAMINO GARDENS BLVD. #302
 BOCA RATON FL 33432**

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.

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 \$61.25 ←**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State ←**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KARNIOL, WILLIAM**
 CITY-ST-ZIP **5280 BOCA MARINA CIRCLE S.
 BOCA RATON FL 33487**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KARNIOL, LYNN E**
 CITY-ST-ZIP **5280 BOCA MARINA CIRCLE S.
 BOCA RATON FL 33487**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KARNIOL, SIDNEY**
 CITY-ST-ZIP **11931 AVON WAY - APT. #7
 LOS ANGELES CA 90066**

TITLE ☒ Change ☐ Addition
 NAME **KARNIOL SIDNEY**
 STREET ADDRESS **5280 BOCA MARINA CIRCLE S.**
 CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

12. 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 or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM KARNIOL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2001 561-368-9070
 Date Daytime Phone #

CR2E037 (10/00)