

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90172 024 ***150.00

DOCUMENT # **P00000023951**

1. Entity Name

SEAL PACK CORPORATION

Principal Place of Business
8502 NW 66 Street
MIAMI, FL 33166

Mailing Address
8502 NW 66 Street
MIAMI, FL 33166

2. Principal Place of Business
8502 NW 66 Street
 Suite, Apt. #, etc.

3. Mailing Address
8502 NW 66 Street
 Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33166 Country
USA

Zip
33166 Country
USA

4. FEI Number
65-0988644

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Juan Francisco Audisio
8502 NW 66 Street
MIAMI, FL 33166

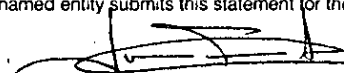
7. Name and Address of New Registered Agent

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  **Agent** **04/18/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Juan Francisco Audisio		NAME		
STREET ADDRESS	8502 NW 66 Street		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP		
TITLE	Vice-President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Magdalena Audisio		NAME		
STREET ADDRESS	8502 NW 66 Street		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guimir Audisio		NAME		
STREET ADDRESS	8502 NW 66 Street		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albana Audisio		NAME		
STREET ADDRESS	8502 NW 66 Street		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **President** **04/18/01** **(305) 513-0101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)