

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90092 025 \*\*\*150.00

**DOCUMENT # P00000023951**

**1. Entity Name**  
**SEAL PACK CORPORATION**



**Principal Place of Business**  
8502 NW 66 STREET  
MIAMI FL 33166  
US

**Mailing Address**  
8502 NW 66 STREET  
MIAMI FL 33166  
US

**2. Principal Place of Business**

*SAME*

**3. Mailing Address**

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

*USA*

Zip

Country

*USA*

**4. FEI Number** 65-0988644

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

AUDISIO, JUAN F  
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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *[Signature]* **REGISTERED AGENT** *JUAN F. AUDISIO*

(NOTE: Registered Agent signature required when reinstating)

*01/16/03*

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	AUDISIO, JUAN FRANCISCO	
STREET ADDRESS	8502 NW 66 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	AUDISIO, MAGDALENA	
STREET ADDRESS	8502 NW 66 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	AUDISIO, GUIMIR	
STREET ADDRESS	8502 NW 66 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	AUDISIO, ARIANA	
STREET ADDRESS	8502 NW 66 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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:**

*[Signature]* **SIGNATURE** *JUAN F. AUDISIO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01/16/03*

DATE

*(305) 418-3232*

DAYTIME PHONE #

CR2E034 (10/02)