

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033360

1. Entity Name

AUTOMATIC POUCHING MACHINES, INC.

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90026 032 \*\*\*150.00

Principal Place of Business

C/O NICOLAS FERNANDEZ P.A.  
780 NW LE JEUNE ROAD SUITE 324  
MIAMI FL 33126

Mailing Address

C/O NICOLAS FERNANDEZ P.A.  
780 NW LE JEUNE ROAD SUITE 324  
MIAMI FL 33126

2. Principal Place of Business

7661 NW 68 Street

3. Mailing Address

7661 NW 68 Street

Suite, Apt. #, etc.

Suite 111

Suite, Apt. #, etc.

Suite 111

City & State

Miami, Florida

City & State

Miami, Florida

Zip

Country

33166

Zip

Country

33166

4. FEI Number

65-1011298

Applied For

Not Applicable

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

ESQUIRE CORPORATE SERVICES, INC.  
780 NW LE JEUNE ROAD SUITE 324  
MIAMI FL 33126

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C0037469



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)