

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

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

05-02-2001 90095 006 \*\*\*150.00

**DOCUMENT # P00000042935**

1. Entity Name

**FRESHPAK CONTAINERS, INC.**

Principal Place of Business

% GLINSKY  
169 E. FLAGLER STREET #1518  
MIAMI FL 33131

Mailing Address

% GLINSKY  
169 E. FLAGLER STREET #1518  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

1699 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

512

City & State

City & State

MIAMI, FLORIDA

Zip

Country

Zip

Country

33145

4. FEI Number

65-1003899

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

GLINSKY, MICHAEL  
% GLINSKY  
169 E. FLAGLER STREET #1518  
MIAMI FL 33131

Name

MARCELO F. ARANCIBIA

Street Address (P.O. Box Number is Not Acceptable)

169 EAST FLAGLER STREET STE. 1514

City

MIAMI

FL

Zip Code

33131

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 *MARCELO F. ARANCIBIA* MARCELO F. ARANCIBIA, PRESIDENT

3/29/01

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 **D** ☐ Delete  
NAME **ARONOVSKI, ARNALDO**  
STREET ADDRESS **169 E. FLAGLER STREET #1518**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VICEPRESIDENT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **GLINSKY, MICHAEL**  
STREET ADDRESS **169 E. FLAGLER STREET #1518**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **MARCELO F. ARANCIBIA**  
STREET ADDRESS **169 E. FLAGLER STREET STE. 1514**  
CITY-ST-ZIP **MIAMI, FLORIDA 33131**

TITLE **D** ☒ Delete  
NAME **ARNOVSKI, MAURO**  
STREET ADDRESS **169 E. FLAGLER STREET #1518**  
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 or without like empowered.

SIGNATURE: *MARCELO F. ARANCIBIA* MARCELO F. ARANCIBIA, PRESIDENT

3/29/01

305 379-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)