

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059964

1. Entity Name
SAFE PACK U.S.A., INC.

Principal Place of Business
3297 NW 7 AVE
MIAMI FL 33127

Mailing Address
3297 NW 7 AVE
MIAMI FL 33127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, Fla.

Zip

Country

Zip

Country

33166

USA.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 30 AM 9:57



DO NOT WRITE IN THIS SPACE

4. FEI Number

65102986

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

SCHILLINGER, LEE H
4601 SHERIDAN ST. SUITE 202
HOLLYWOOD FL 33021

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]

11-21-01

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 \$550.00

After September 12, 2001 Fee will be \$750.00
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
PCD
LUBIN, YACOB
3297 NW 7 AVE
MIAMI FL 33127

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600004719176--6
-12/11/01--01075--005
****150.00 ****150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BENCHETRIT, JACQUES
3297 NW 7 AVE
MIAMI FL 33127

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MAISEL, MICHAEL
3297 NW 7 AVE
MIAMI FL 33127

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ 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 empowerments.

SIGNATURE:

[Signature]

MICHAEL MAISEL

11/21/01

305 592 4066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0034329 AV

CR2E034 (5/01)

To: The Division Of Corporations
Tallahassee, Florida

11/26/01

From: M. Maisel
Safe Pack USA
FEI 651020236

To: Whom It May Concern,

I am writing this letter to inform you that we never got your notice until recently because the address you have for us is a storage location for our equipment and is not an office. Our office address is 8199 N.W. 71st Street, Miami, Florida, 33166. For that reason, I am asking your indulgence in this matter and allow us to forgo the late penalty.

Please change the mailing address of Safe Pack USA to the above address.

Regards,

Michael Maisel
Michael Maisel