

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000064788**

1. Entity Name

**SOUTH FLORIDA PACKAGING, INC.**

Principal Place of Business

**426 NW 9 AVE  
HOMESTEAD FL 33030**

Mailing Address

**426 NW 9 AVE  
HOMESTEAD FL 33030**

2. Principal Place of Business

**20410 SW 360 STREET**

Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 343489**

Suite, Apt. #, etc.

City &amp; State

**HOMESTEAD FLORIDA**

Zip

**33034**

Country

City &amp; State

**FLORIDA CITY FLORIDA**

Zip

**33034**

Country

4. FEI Number

**65-1029832**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**TURNER, CHARLES R  
28600 SW 132 AVE #12  
HOMESTEAD FL 33033**

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

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 \$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

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>DAVID BERRONES</b>	
STREET ADDRESS	<b>37203 SW 209 AVE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FLORIDA 33034</b>	

TITLE	<b>V.P.</b>	<input type="checkbox"/> Delete
NAME	<b>RICARDO GASPARINI</b>	
STREET ADDRESS	<b>8540 SW 213 STREET APT 206</b>	
CITY-ST-ZIP	<b>MIAMI FLORIDA 33189</b>	

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

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

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

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

12. 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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: **DAVID BERRONES****PRESIDENT****7-6-01****305-245-3232**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED****01 AUG 10 AM 10:13****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2002

August 7, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: P00000064788

Enclosed you will find the annual report with corrections as requested by your office. Also enclosed you will find a copy of check and original annual report that was mailed back on January 15, 2001. We were unaware that this document and check were lost in the mail until we received your notice. Please waive the late fee of \$400.00 since we tried to file in a timely manner only to have the U.S. Mail lose the documents. I spoke with a young lady in your office and she advised that if we sent a copy of the original check and document the late fee would be waived since this has occurred with other companies. Thank you for your help in this matter.

Sincerely,



Charles Turner-Office Manager  
South Florida Packaging, Inc.  
P.O. Box 343489  
Florida City, Florida 33034  
305-245-3232 Office  
305-248-9135 Fax  
golddust305@aol.com