

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90039 035 ***150.00

DOCUMENT # **H00000046200**

1. Entity Name **FLORIDA ADVERTISING-PACKAGING, INC.**

DO NOT WRITE IN THIS SPACE

427466

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3142 NORTHSIDE DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

STE 201

Suite, Apt. #, etc.

City & State

KEY WEST FL

City & State

4. FEI Number

65-1040880

Applied For

Not Applicable

Zip

33040

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **GIANNINA TODISCO**

Street Address (P.O. Box Number is Not Acceptable) **3142 NORTHSIDE DR STE 201**

City **KEY WEST**

FL

Zip Code **33040**

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **DIRECTOR**
NAME **GIANNINA TODISCO**
STREET ADDRESS **3142 NORTHSIDE DR STE 201**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR / PRESIDENT**
NAME **BENNYARDI MARZIO**
STREET ADDRESS **3142 NORTHSIDE DR STE 201**
CITY-ST-ZIP **KEY WEST FL 33040**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Giannina Todisco** **GIANNINA TODISCO**

Date **3/4/02**

Daytime Phone #

CR2E034B (12/01)