

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90497 049 \*\*\*150.00

**DOCUMENT # P00000097588**

1. Entity Name  
**CITY PACKING, CORP.**

Principal Place of Business

Mailing Address

**3698 1/2 N.W. 16TH ST  
 LAUDERHILL FL 33311**

**3698 1/2 N.W. 16TH ST  
 LAUDERHILL FL 33311**

2. Principal Place of Business

3. Mailing Address

**3698 1/2 - G NW 16th ST**

**3698 1/2 NW 16th ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**BAY-6**

**BAY-6**

City & State

City & State

**LAUDERHILL, FL**

**LAUDERHILL, FL**

4. FEI Number

**65-1048051**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33311**

**USA**

**33311**

**USA**

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

**TICHAUER, HARVEY  
 3698 1/2 N.W. 16TH ST  
 LAUDERHILL FL 33311**

Name **DENNIS CINNANTE**

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

**3698 1/2 BAY-6 NW 16th ST**

City **LAUDERHILL**

FL

Zip Code **33311**

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	Delete
D	TICHAUER, HARVEY	3698 1/2 N.W. 16TH ST	LAUDERHILL FL 33311	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
S/T	HARVEY TICHAUER	3698 1/2 BAY-6 NW 16th ST	LAUDERHILL, FL 33311	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P/D	DENNIS CINNANTE	3698 1/2 BAY 6 NW 16th ST	LAUDERHILL, FL 33311	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 lines empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)