

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097588

1. Entity Name

CITY PACKING, CORP.

FILED

Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90497 049 ***150.00

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

3698 1/2 N.W. 16TH ST

3. Mailing Address

3698 1/2 N.W. 16TH ST

Suite, Apt. #, etc.

BA4-6

Suite, Apt. #, etc.

BA4-6

City & State

LAUDERHILL, FL

City & State

LAUDERHILL, FL

Zip

33311 USA

Zip

33311 USA

4. FEI Number

65-1048051

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

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 BA4-6 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	D	<input checked="" type="checkbox"/> Delete
NAME	TICHAUER, HARVEY	
STREET ADDRESS	3698 1/2 N.W. 16TH ST	
CITY-ST-ZIP	LAUDERHILL FL 33311	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY TICHAUER	
STREET ADDRESS	3698 1/2 BA4-6 NW 16TH ST	
CITY-ST-ZIP	LAUDERHILL, FL 33311	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS CINNANTE	
STREET ADDRESS	3698 1/2 BA4-6 NW 16TH ST	
CITY-ST-ZIP	LAUDERHILL, FL 33311	
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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)