

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

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90402 010 \*\*\*150.00

DOCUMENT # P01000045823

1. Entity Name

TY Corpac International Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2000 Banks Rd

Suite, Apt. #, etc.

201B

City & State

Margate FL

Zip

33063

Country

3. Mailing Address

2000 Banks Rd

Suite, Apt. #, etc.

2000 Banks Road 201B

City & State

Margate FL

Zip

33063

Country

4. FEI Number

65-1100366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

John Sherlock

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

2000 Banks Road 201B

City

Margate

FL

Zip Code

33063

**DO NOT WRITE  
IN THIS SPACE**

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)

6/6/02

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 PD  
NAME John Sherlock  
STREET ADDRESS 2000 Banks Road 201B  
CITY-ST-ZIP Margate FL 33063

TITLE DVP  
NAME Antonio Buencamino  
STREET ADDRESS 2000 Banks Road 201B  
CITY-ST-ZIP Margate FL 33063

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/02 (954) 977-6998

Date

Daytime Phone #

CR2E034B (12/01)