

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90331 030 ***550.00

DOCUMENT # P01000054988

1. Entity Name
TRAVELERS PACKAGING, INC.

Principal Place of Business

**1440 SW 28TH AVENUE
POMPANO BEACH FL 33069**

Mailing Address

**1440 SW 28TH AVENUE
POMPANO BEACH FL 33069**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1110312

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

**LAPI, CHRIST
1440 SW 28TH AVENUE
POMPANO BEACH FL 33069**

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME: **D** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **LAPI, CHRIST
1440 SW 28TH AVENUE
POMPANO BEACH FL 33069**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
LAPI, CHRIST, President

7/18/2002 (975) 275-2050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

CHRIS LAPI MOVING SUPPLIES, INC.

1440 Southwest 28th Avenue
Pompano Beach, FL 33069

Attachment PO1000054988

July 18, 2002

Dear Sir/Madam:

This is the first notification we have had of this Uniform Business Report to be filed. We have another corporation that we received the UBR at the beginning of year and we filed it in February, 2002. Had we received the UBR for Travelers Packaging it would have been filed at that time.

We received this notification on July 15, 2002 without ever receiving the first notice.

We are paying the \$550 charge, however, under the circumstances we do not feel this is justifiable.

Respectfully,

TRAVELERS PACKAGING, INC.



C. R. Lowe
Office Manager