

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90864 016 \*\*\*150.00

**DOCUMENT # P01000095001**

1. Entity Name  
**GUMWRAPPERS, INC.**

Principal Place of Business  
**3233 N. OCEAN BLVD.  
 FORT LAUDERDALE FL 33308**

Mailing Address  
**3233 N. OCEAN BLVD.  
 FORT LAUDERDALE FL 33308**

26368



DO NOT WRITE IN THIS SPACE

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

**80-0006007**

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

**FILINGS, INC.  
 3732 N.W. 18TH STREET  
 FT. LAUDERDALE FL 33311-4132**

Name **Agostino Carchio**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3233 N. Ocean Blvd.**  
 City **Ft. Lauderdale** FL **33308**

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 **X Agostino Carchio**

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, 2002 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	<input type="checkbox"/> Delete
	<b>D</b>	<b>CARCHIO, AGOSTINO</b>	<b>3233 N. OCEAN BLVD. FORT LAUDERDALE FL 33308</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>V.P.</b>	<b>JOSEPH W. DE FARQUHAR</b>	<b>5300 NW 24 TER. #432C FT. LAUDERDALE, FL. 33308</b>	<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"/>

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 807, 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: **X Agostino Carchio**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-20-02**

Date

**954-565-9264**

Daytime Phone #

CR2E034 (9/01)