## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 31, 2000 8:00 am Secretary of State DOCUMENT # P93000047452 1. Entity Name ALL PACKING & CRATING ENTERPRISES, INC. 03-31-2000 90009 019 \*\*\*150.00 Principal Place of Business Mailing Address 8578 N.W. 56TH STREET 8578 N.W. 56TH STREET MIAMI FL 33166 MIAMI FL 33166-3329 631582 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0420430 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Pee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Quintero MESA, JUAN C Street Address (P.O. Box Number is Not Acceptable) 8578 N.W. 56TH STREET MIAMI FL 33166 City Zip Code Fl 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD TITLE ☐ Delete TITLE Change Addition Angela Quintero NAME MESA, JUAN C NAME 14581 5. W. 95 Lane STREET ADDRESS STREET ADDRESS 8578 N.W. 56TH STREET CITY-ST-ZIP CITY-ST-ZIP Hiami - FL 33186 **MIAMI FL 33166** Change ☐ Addition TITLE VSD ☐ Delete TITLE NAME SOTO, LUIS G NAME Juan C. Hesa lane STREET ADDRESS STREET ADDRESS 931 SW 123 RD TERR CITY-ST-7IP CITY-ST-ZIP. PEROBIZO FT PINES FL 33166 Hidmi - FL 33186 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 is 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 anyaddress, with all other like empowered.

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

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NAME STREET ADDRESS

CITY - ST - 719

STREET ADDRESS CITY-ST-ZIP

Proces & Divingence Delivery Name of Signing office of Difference

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Daytime Phone #