

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031896

1. Entity Name

AUTOPAK INTERNATIONAL CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90476 005 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 562001
 MIAMI FL 33256-2001
 US

~~P.O. BOX 562001~~
~~MIAMI FL 33179-4716~~
 US

2. Principal Place of Business

1265 NW 22ND STREET

3. Mailing Address

1265 NW 22ND ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL.

4. FEI Number

65-0489385

Applied For :

Not Applicable

Zip

33142

Country

U.S.A.

Zip

33142

Country

U.S.A.

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

ARTHUR, ROBERT A
9061 SW 156 ST APT. A115
MIAMI FL 33157

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.

SIGNATURE

Robert A. Arthur

Signature, typed or printed name of registered agent and fee 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, 2000 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 Delete
 NAME **PM**
 STREET ADDRESS **ARTHUR, ROBERT A**
 CITY-ST-ZIP **9041 SW 156TH ST., APT B221 MIAMI FL**

TITLE Change Addition
 NAME **PM**
 STREET ADDRESS **ROBERT ARTHUR A.**
 CITY-ST-ZIP **1265 NW 22ND ST., MIAMI FL. 33142**

TITLE Delete
 NAME **C**
 STREET ADDRESS **ARTHUR, ROBERT A**
 CITY-ST-ZIP **9041 SW 156TH ST, APT B221 MIAMI FL 33157**

TITLE Change Addition
 NAME **C**
 STREET ADDRESS **ARTHUR, ROBERT A.**
 CITY-ST-ZIP **1265 NW**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Robert A. Arthur

Date

4.26.2000

Daytime Phone #

(205) 224 2690

CR2E034 19/99