

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90113 001 \*1,650.00

**DOCUMENT # P94000031896**

1. Entity Name

**AUTOPAK INTERNATIONAL CORPORATION**

Principal Place of Business

1265 NW 22ND STREET  
 MIAMI FL 33142  
 US

Mailing Address

1265 NW 22ND STREET  
 MIAMI FL 33142  
 US

99408



2. Principal Place of Business

**1335 NW 21 TERRACE**

3. Mailing Address

**1200 NE MIAMI GARDENS BLVD,**

Suite, Apt. #, etc.

**BA7 9/10**

Suite, Apt. #, etc.

**#1015W**

City & State

**MIAMI, FL**

City & State

**NORTH MIAMI BEACH**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0489385**

Applied For

Not Applicable

Zip

**33145**

Country

**USA**

Zip

**33179**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 Taxing 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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 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: **ROBERT A ARTHUR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/10/2002**

Date

**(305) 324-2690**

Daytime Phone #

CR2002/14/02