

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90199 012 ***150.00

DOCUMENT # P94000040633

1. Entity Name
A-1 PACKAGING SUPPLIES, INC.



Principal Place of Business

**9064 NW 13 TERR
MIAMI FL 33172
US**

Mailing Address

**9064 NW 13 TERR
MIAMI FL 33172
US**

2. Principal Place of Business

9210 NW 12 ST

3. Mailing Address

9210 NW 12 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number **65-0655821**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BARRENECHE, MICHAEL J
1765 NW 79 AVE. 14307 SW 100 LANE
MIAMI FL 33126-0943 MIAMI FL 33186**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **MD**
NAME **TORRES, RUBY**
STREET ADDRESS **9064 NW 13 TERR**
CITY-ST-ZIP **MIAMI FL 33172**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP**
NAME **TORRES, RUBY**
STREET ADDRESS **9210 NW 12 ST**
CITY-ST-ZIP **MIAMI FL 33172**

☒ Change ☐ Addition

TITLE **PRES**
NAME **HUGO TORRES**
STREET ADDRESS **9210 NW 12 ST**
CITY-ST-ZIP **MIAMI FL 33172**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/03

Date

(305) 477-1444

Daytime Phone #

CR2E034 (10/02)