

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082273

1. Entity Name

SOLAR PACKAGING CORP.

Principal Place of Business

Mailing Address

4950 N. W. 165 ST.
MIAMI FL 33014
US

4950 N.W. 165 ST.
MIAMI FL 33014-6323
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DORNBUSCH, JAIME
4920 N.W. 165TH STREET
MIAMI LAKES FL 33014

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

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, 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

TITLE **D** ☐ Delete
NAME **HANKS, ROBERT**
STREET ADDRESS **ONE BOSTON PALCE, SUITE 2100**
CITY-ST-ZIP **BOSTON MA 02108**

TITLE **PD** ☐ Delete
NAME **DORNBUSCH, JAIME**
STREET ADDRESS **4920 N.W. 165TH STREET**
CITY-ST-ZIP **MIAMI LAKES FL 33104**

TITLE **SD** ☒ Delete
NAME **GARAZI, EDWARD**
STREET ADDRESS **4920 N.W. 165TH STREET**
CITY-ST-ZIP **MIAMI LAKES FL 33104**

TITLE **D** ☒ Delete
NAME **MACLEAN, RICHARD T**
STREET ADDRESS **2530 NATIONS BANK PLAZA**
CITY-ST-ZIP **CHARLOTTE NC 28288**

TITLE **VT** ☐ Delete
NAME **LUNDGREN, ROBERT**
STREET ADDRESS **14545 SW 79 COURT**
CITY-ST-ZIP **MIAMI FL 33158**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **MYERS, RUSSELL R**
STREET ADDRESS **300 NORTH GREENE STREET, SUITE 2100**
CITY-ST-ZIP **GREENSBORO, NC 27401**

TITLE **D** ☐ Change ☒ Addition
NAME **GRAY, STEVEN**
STREET ADDRESS **270 CONGRESS STREET**
CITY-ST-ZIP **BOSTON, MA 02210**

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Robert Lundgren **Robert LUNDGREN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00 (305) 621-5551

Date

Daytime Phone #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90107 031 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0558228**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required