

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90068 046 ***158.75

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DOCUMENT # P94000082273

1. Entity Name
SOLAR PACKAGING CORP.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0558228

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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.

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, 2002 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 **D**
 STREET ADDRESS **HANKS, ROBERT**
 CITY-ST-ZIP **ONE BOSTON PALCE, SUITE 2100**
BOSTON MA 02108

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

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

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

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

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

TITLE ☒ Delete
 NAME ~~**MYERS, RUSSELL R**~~
 STREET ADDRESS ~~**300 NORTH GREENE STREET SUITE 2100**~~
 CITY-ST-ZIP ~~**GREENSBORO NC 27401**~~

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **MICHAEL PAPPAS**
 CITY-ST-ZIP **1900 SOUTH Blvd.**
CHARLOTTE, SC 28203

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

TITLE ☐ Change ☒ Addition
 NAME **VP**
 STREET ADDRESS **LETZELTER, JOSEPH P.**
 CITY-ST-ZIP **327 Palm Blvd.**
Weston, FL 33626

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

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

1/15/02 (305) 621-5551
 Date Daytime Phone #

CR2E034 (9/01)