

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000032979 (3)

1. Corporation Name

ULTIMATE PACKING & SHIPPING, INC.



Principal Place of Business

ULTIMATE PACKING & SHIPPING  
18524 NW 67 AVE., SUITE 122  
MIAMI FL 33015

Mailing Address

ULTIMATE PACKING & SHIPPING  
18524 NW 67 AVE., SUITE 122  
MIAMI FL 33015-3302

3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0575396

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 5722 S. FLAMINGO ROAD

Suite, Apt. #, etc.

22 SUITE #165

City & State

23 FT. LAUDERDALE, FL

Zip

24 33330

Country

25 BROWARD

2a. Mailing Address

26 5722 S. FLAMINGO ROAD

Suite, Apt. #, etc.

27 SUITE #165

City & State

28 FT. LAUDERDALE, FL

Zip

29 33330

Country

30 BROWARD

9. Name and Address of Current Registered Agent

FRIEDMAN, MILTON  
3333 W. COMMERCIAL BLVD.  
SUITE B-110  
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

MILTON FRIEDMAN

82 Street Address (P.O. Box Number is Not Acceptable)

4700 NORTH STATE ROAD 7

Suite 208

83

84 City

FT. LAUDERDALE, FL

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, as applicable

(NOTE: Registered Agent signature required when reinstating)

4/21/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PTD  
FRIEDMAN, STEVEN M  
STREET ADDRESS  
320 S. FLAMINGO RD., #111  
CITY-ST-ZIP  
PEMBROKE PINES FL 33027

TITLE ☐ DELETE

NAME  
VPSD  
FRIEDMAN, T M  
STREET ADDRESS  
320 S. FLAMINGO RD., #111  
CITY-ST-ZIP  
PEMBROKE PINES FL 33027

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13, as applicable, or on an attachment with an address.

SIGNATURE:

MATTHEW FRIEDMAN

4/15/97 (800) 444-8786

CR2E034 (9/96)