

2 MAY 1ST IS \$550.00

FILED

Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90045 043 ****158.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000055726

1. Corporation Name

UNIVERSAL PACKAGING EQUIPMENT & PARTS, INC.

Principal Place of Business

6073 N.W. 167TH ST.
SUITE C6
MIAMI LAKES FL 33015

Mailing Address

6073 N.W. 167TH ST.
SUITE C6
MIAMI LAKES FL 33015

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/17/1995

4. FEI Number

65-0604958

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
CD
HOAR, PETER
STREET ADDRESS
9264 SW 212TH TER
CITY-ST-ZIP
MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
PD
GONSALVES, NOEL O
STREET ADDRESS
15920 SEDGEWICK CIRCLE S
CITY-ST-ZIP
DAVIE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
MD
HOAR, MATTHEW ROBERT
STREET ADDRESS
9264 SW 212TH TERR MIAMI, FL
CITY-ST-ZIP
MIAMI FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME
STD
GONSALVES, MEGAN
STREET ADDRESS
15920 SEDGWYCK CIRCL E S
CITY-ST-ZIP
DAVIE FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

Signature: M. Gonsalves 01-06-99 305 821 5001