

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90164 001 *2,750.00

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1. Entity Name

SOUTH PACIFIC WHOLESALE PRINTERS, INC.



Principal Place of Business

**3000 N.E. 30TH PLACE
FIFTH FLOOR
FORT LAUDERDALE FL 33306-1957**

Mailing Address

**3000 N.E. 30TH PLACE
FIFTH FLOOR
FORT LAUDERDALE FL 33306-1957**

33034909



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

99-0325327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MACAULAY, ROBERT B
OLLE, MACAULAY & ZORRILLA, P.A.
201 SOUTH BISCAYNE BLVD., SUITE 1402
MIAMI FL 33131**

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 **D** ☐ Delete
NAME **WILKERSON, WILLIAM A**
STREET ADDRESS **3000 N.E. 30TH PLACE, FIFTH FLOOR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33306-1957**

TITLE **D** ☒ Delete
NAME **ANTRIM, E. V.**
STREET ADDRESS **3000 N.E. 30TH PLACE, FIFTH FLOOR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33306-1957**

TITLE **D** ☒ Delete
NAME **ANTRIM, ROSEMARY F.**
STREET ADDRESS **3000 N.E. 30TH PLACE, FIFTH FLOOR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33306-1957**

TITLE **D** ☒ Delete
NAME **FEIDMAN, DAVID**
STREET ADDRESS **3000 N.E. 30TH PLACE, FIFTH FLOOR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33306-1957**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

7/24/03

Date

Daytime Phone #

CR2E034 (4/03)