5/14/2002-90069-040-$150.00-$150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 MAY 28 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000027484

1. Entity Name
Aeropak, Inc.

DO NOT WRITE IN THIS SPACE

New Address

2. Principal Place of Business	3. Mailing Address
9954 Lakeview Drive	9954 Lakeview Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey, FL	City & State: New Port Richey, FL
Zip: 34654 Country: USA	Zip: 34654 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3370160 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way, 4th Floor

City: Miami FL Zip Code: 33145

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: BY: SPIEGEL & UTRERA, P.A.
Natalia Utrera, Vice President (NOTE: Registered Agent signature required when reinstating) DATE: June 6, 2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $500.00
Amended UBR is $61.25
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	President
NAME	Tom Housteau
STREET ADDRESS	9954 Lakeview Dr.
CITY-ST-ZIP	New Port Richey, FL 34654
TITLE	Secretary
NAME	Joan M. Housteau
STREET ADDRESS	9954 Lakeview Drive
CITY-ST-ZIP	New Port Richey, FL 34654
TITLE	Treasurer
NAME	Joan M. Housteau
STREET ADDRESS	9954 Lakeview Drive
CITY-ST-ZIP	New Port Richey, FL 34654
TITLE	
NAME	
STREET ADDRESS	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas A Housteau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-26-02

Daytime Phone #