2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90327 038 ***150.00

DOCUMENT # P96000028959

1. Entity Name

PACKAGING & SPECIALTY EQUIPMENT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2476 Coral Ridge Circle Melbourne, FL 32935 US	2476 Coral Ridge Circle Melbourne, FL 32935 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1335 Bennett Drive	1335 Bennett Drive
Suite, Apt. #, etc.: Suite 159	Suite, Apt. #, etc.: Suite 159
City & State: Longwood, FL	City & State: Longwood, FL
Zip: 32750 / Country: US	Zip: 32750 / Country: US

4. FEI Number: 59-3371755 ☐ Applied ☐ Not App

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Douglass A, Person, CPA, PA 1790 Hwy A1A, Suite 211 Satellite Beach, FL 32937	Name: Douglass A. Person, CPA, PA Street Address (P.O. Box Number is Not Acceptable): 1413 So. Patrick Drive Suite 7 City: Indian Harbour Beach FL Zip Code 32937

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] Douglass A. Person, CPA, PA 4/29/02

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 Fee

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐
NAME	Rondin-Molina, Gustavo	NAME	
STREET ADDRESS	1335 Bennett Drive	STREET ADDRESS	
CITY-ST-ZIP	Longwood, FL 32750	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] Gustavo Rondin-Molina 4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR