

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90003 040 ***163.75

DOCUMENT # P96000040762

1. Entity Name
F-PACK INTERNATIONAL, INC.

Principal Place of Business

~~515 MADISON AVE.~~
~~21ST FLOOR~~
~~NEW YORK NY 10022~~
~~US~~

Mailing Address

~~515 MADISON AVE~~
~~21ST FLOOR~~
~~NEW YORK NY 10022~~
~~US~~

2. Principal Place of Business

5150 TAMiami TRAIL No.
 Suite, Apt. #, etc.
202

3. Mailing Address

5150 TAMiami TRAIL No.
 Suite, Apt. #, etc.
202

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0664954

Applied For

Not Applicable

Zip

Country

34103 **Collier**

Zip

Country

34103 **Collier**

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WORLD WIDE CORPORATE SERVICES INC.
1 FINANCIAL PLAZA
#2626
FT. LAUDERDALE FL 33394

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.

SIGNATURE

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 Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	POLLAND, MILTON	
STREET ADDRESS	230 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10169	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RAMETRA, SURINDER	
STREET ADDRESS	230 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10169	
TITLE	P	<input type="checkbox"/> Delete
NAME	POPE, DOMINICK	
STREET ADDRESS	195 10TH AVE	
CITY-ST-ZIP	NEW YORK NY 1011	
TITLE	S	<input type="checkbox"/> Delete
NAME	SNUPPES, MICHELLE P	
STREET ADDRESS	195 10TH AVE	
CITY-ST-ZIP	NEW YORK NY 1011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Michelle P. Snupp*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/02 *(941) 430-2222*
 Date Daytime Phone #

CR2E034 (9/01)