

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90463 008 ***163.75

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DOCUMENT # P96000040762

1. Entity Name
F-PACK INTERNATIONAL, INC.



Principal Place of Business
**5150 TAMiami TRAIL NO
202
NAPLES FL 34103
US**

Mailing Address
**5150 TAMiami TRAIL NO
202
NAPLES FL 34103
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	<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		

11. 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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Dominick Pope **DOMINICK POPE** 2/23/03 (239) 430-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)