

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062617

1. Entity Name

VICON PACKAGING, INC.

P

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90032 042 ***150.00

Principal Place of Business

1673 S.W. 1ST WAY
UNIT A2
DEERFIELD FL 33441

Mailing Address

1673 S.W. 1ST WAY
UNIT A2
DEERFIELD FL 33441

80073100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0696432

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

VIVIANI, MARIE E
1625 SW 1ST WAY, #C17-18
DEERFIELD FL 33441

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS VIVIANI, MARIE F
CITY-ST-ZIP 1673 S.W. 1ST WAY, UNIT A2
DEERFIELD FL 33441

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Leon Egozi, P.A.

Certified Public Accountant

Attachment
PG 6000 062617
A00 79159

19495 Biscayne Boulevard, Suite 705
Aventura, Florida 33180

Phone: (305) 937-2664
Fax: (305) 937-0128

September 12, 2000

Florida Department of State
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Vicon Packaging, Inc.
EIN: 65-0696432

Dear Sir/ Madam:

On behalf of the above referenced taxpayer, I am responding to the "2nd Notice" requesting the filing of the corporation annual report for 2000. This annual report had been completed and mailed in a timely manner. It seems as though it has been lost in the mail, therefore we are filing this second copy along with a replacement check for the original filing cost of \$150.

Please process the report and adjust your records accordingly. If you have any questions, I can be reached at 305-937-2664.

Very truly yours,


Leon Egozi, CPA

Enclosures

cc:\ Marie Viviani