

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90146 041 ***150.00

0310716

DOCUMENT # P96000062617

1. Entity Name

VICON PACKAGING, INC.

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**

2. Principal Place of Business

1320 NW 65 Place
Suite, Apt. #, etc.

3. Mailing Address

1320 NW 65 Pl.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0696432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Viviani, Marie E**

Street Address (P.O. Box Number is Not Acceptable)
1320 NW 65 Place

City **Fort Lauderdale** **FL** Zip Code **33309**

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, 2001 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 **P** ☐ Delete
NAME **VIVIANI, MARIE F**
STREET ADDRESS **1673 S.W. 1ST WAY, UNIT A2**
CITY-ST-ZIP **DEERFIELD FL 33441**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marie F Viviani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 954-973-3551
Date Daytime Phone #

CR2E034 (10/00)