

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080751

1. Entity Name

GLOBAL PACK, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90223 031 ***150.00

Principal Place of Business

601 BRICKELL KEY DRIVE STE 805
MIAMI FL 33131

Mailing Address

601 BRICKELL KEY DRIVE STE 805
MIAMI FL 33131-2649

2. Principal Place of Business
16400 NW 15th Ave
Suite, Apt. #, etc.

3. Mailing Address
16400 NW 15th Ave
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number 65-0844981

Applied For
Not Applicable

Zip
33169

Country

Zip
33169

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

ALLEN & GALEGO
601 BRICKELL KEY DRIVE STE 805
MIAMI FL 33131

Name
Manuel Gomez

Street Address (P.O. Box Number is Not Acceptable)
16400 NW 15th Avenue

City
Miami

FL

Zip Code
33169

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 *Manuel Gomez*
Signature, typed or printed name of registered agent and title if applicable.

Manuel Gomez

5/1/00

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GOMEZ, MANUEL 170 OCEAN LN, 705 KEY BISCAYNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S S ALLEN, ROBERT N 601 BRICKELL KEY DR, 805 MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Manuel Gomez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

(305) 693-1295

Daytime Phone #

CR2E034 (9/99)