

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085308

1. Entity Name

ALL PACKAGING SUPPLIES, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90070 039 \*\*\*150.00

Principal Place of Business

Mailing Address

2740 S PARK RD  
 PEMBROKE PINES FL 33009  
 US

2740 S PARK RD  
 PEMBROKE PINES FL 33009-3835  
 US

2. Principal Place of Business

3125 JOHN P. CURCI DR  
 BAY 1

3. Mailing Address

3125 JOHN P. CURCI DR  
 BAY 1

Suite, Apt. #, etc.

BAY 1

Suite, Apt. #, etc.

BAY 1

City & State

PEMBROKE PARK, FL

City & State

PEMBROKE PARK, FL

Zip

33009

Country

USA

Zip

33009

Country

USA

4. FEI Number

65-0702631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

RISOLI, FRANK  
 127 SE 1ST AVE. STE 109  
 HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

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

3125 JOHN P. CURCI DR  
 BAY 1

City

PEMBROKE PARK

State

FL

Zip Code

33009

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, 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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS RISOLI, FRANK  
 CITY-ST-ZIP 2740 S PARK RD  
 PEMBROKE PINES FL 33009

TITLE ☒ Delete  
 NAME D  
 STREET ADDRESS EISENBERG, DONALD  
 CITY-ST-ZIP 2740 S PARK RD  
 PEMBROKE PINES FL 33009

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME D  
 STREET ADDRESS FRANK RISOLI  
 CITY-ST-ZIP 3125 JOHN P. CURCI DR B-1  
 PEMBROKE PARK, FL 33009

TITLE ☐ Change ☒ Addition  
 NAME D  
 STREET ADDRESS BRUCE J. OREN  
 CITY-ST-ZIP 3125 JOHN P. CURCI DR B-1  
 PEMBROKE PARK, FL 33009

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

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

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

TITLE ☐ Change ☐ 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 954-963-7383

CR2F034 (9/99)