

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-16-2001 90047 043 ***150.00

DOCUMENT # P96000085308

1. Entity Name

ALL PACKAGING SUPPLIES, INC.

Principal Place of Business

Mailing Address

3125 JOHN P. CURCI DRIVE
 BAY 1
 PEMBROKE PINES FL 33009
 US

3125 JOHN P. CURCI DRIVE
 BAY 1
 PEMBROKE PINES FL 33009
 US

2. Principal Place of Business

3. Mailing Address

3125 John P. Curci Dr

3125 John P. Curci Dr



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay 1

Bay 1

City & State

City & State

Pembroke Park, FL

Pembroke Park, FL

Zip

Country

Zip

Country

33009

US

33009

US

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

7. Name and Address of New Registered Agent

RISOLI, FRANK
 3125 JOHN P CURCI DRIVE
 HALLANDALE FL 33009

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 RISOLI, FRANK
 3125 JOHN P CURCI DR B-1
 PEMBROKE PINES FL 33009 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 BRUCE OREN
 3125 John P. Curci Dr. B-1
 Pembroke Park FL 33009 ☐ Change ☒ Addition

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

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
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TITLE
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 CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)