2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P9700021989 PACKAGING & PRINTING PARTS & SUPPLIES, INC. 04-26-2001 90138 047 ***150.00 Principal Place of Business Mailing Address 4100 NW 10TH AVE P.O. BOX 971412 FT. LAUDERDALE FL 33309 BOCA RATON FL 33497-1412 10101 2. Principal Place of Business 3. Mailing Address 1140 Holland Or. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0734274 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YAGODA, ANDREW S Street Address (P.O. Box Number is Not Acceptable) 1001 W. CYPRESS CREEK ROAD SUITE 414A FT. LAUDERDALE FL 33309 Zip Code F 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or botn, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete X Change CR2E034 (10/00) [...] Addition Bromfied, Steve **BROMFIELD. STEVE** NAME. STREET ADDRESS 4100 NW 10TH AVE STREET ADDRESS Boca Rotton, FL 33487 CITY-SI-ZIP FT. LAUDERDALE FL 33309 CITY-ST-ZIP TITLE Change ☐ Delete TITLE Addition **BUCHANAN, ANDREW** Buchanan, Andrew NAME 4100 NW 10TH AVE STREET ADDRESS STREET ADDRESS 1140 Holland Dr. -Ration, FL 33487 CITY-ST-7IP FT. LAUDERDALE FL 33309 CITY-ST-ZIP TITLE ☐ Delete ☐ Change []] Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Dalete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change [] Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP 13. I hereby certify that the info indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information al 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 Ustee empowered to except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if upple of the corporation or the changed, or on an atta-