

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90036 019 ***150.00

DOCUMENT # **P97000070286**

1. Entity Name **BOXES UNLIMITED, INC.**

Principal Place of Business Mailing Address
14441 SW 156 AVENUE 14441 SW 156 AVENUE
MIAMI, FL 33196 MIAMI, FL 33196

2. Principal Place of Business 3. Mailing Address
8526 NW 70 STREET 8526 NW 70 STREET
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FL MIAMI, FL
 Zip Country Zip Country
33166 USA 33166 USA

4. FEI Number **65-0776814** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIEGO, JUAN A JR
8526 NW 70 STREET
MIAMI, FL 33166

Name **AMADOR, JUAN D. JR**
 Street Address (P.O. Box Number is Not Acceptable)
8526 NW 70 STREET
 City **MIAMI** FL **33166**

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

JUAN DIEGO AMADOR
Director **4/12/00**
 (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	PD	<input type="checkbox"/> Delete
NAME	AMADOR JUAN DIEGO JR	
STREET ADDRESS	8526 NW 70 STREET	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AMADOR JUAN DIEGO JR	
STREET ADDRESS	8526 NW 70 STREET	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN DIEGO AMADOR JR
Director **4/12/00** **305-418-4485**
 Date Daytime Phone #

CR2E034 (9/99)