

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90077 021 \*\*\*150.00

**DOCUMENT # P97000072759**

1. Entity Name  
**D & J PACKING, INC.**



Principal Place of Business  
**7138 BERACASA WAY  
BOCA RATON FL 33433**

Mailing Address  
**7138 BERACASA WAY  
BOCA RATON FL 33433**

**90011880**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**7108 BERACASA WAY**  
City & State  
**BOCA RATON FL**

Suite, Apt. #, etc.  
**7108 BERACASA WAY**  
City & State  
**BOCA RATON FL**

4. FEI Number **11-3403488**

Applied For  
Not Applicable

☒ CHECK HERE IF MAKING CHANGES

Zip  
**33433**

Country  
**USA**

Zip  
**33433**

Country  
**USA**

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

**SOUTH FLORIDA REGISTERED AGENTS  
200 EAST LAS OLAS BLVD SUITE 1900  
FORT LAUDERDALE FL 33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
KAMMET, JANE L  
9715 ARBOR OKS  
BOCA RATON FL 33428** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
KAMMET, JANE L  
11403 SEA GRASS CIRCLE  
BOCA RATON FL 33498** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
YARISH, JEFFERY  
3335 CARABOLA CIRCLE S.  
COCONUT CREEK FL 33066** ☐ 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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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)