FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION NNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

CUMENT # P97000088050

URAPACK INC.

pal Place of Business

COOLIDGE ST

Mailing Address

6650 COOLIDGE STREET HOLLYWOOD FL 33024

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90029 018 ***150.00



| 111WOOD FL 33024 | HOLE HOOD TE SOCE | | DO NOT WRITE IN THIS SPACE |
|--|---|--------------------------------|--|
| | | | 3. Date Incorporated or Qualifed |
| Principal Place of Business | 2a. Mailing Address | | 4. FEI Number Applied For |
| Maria da de la compania de la compa | 26 | | 65-0790000 Not Applicat |
| Suite: Apt. #, etc. | Suite, Apt. #, etc. | | \$8.75 Additional |
| 翻翻翻插曲纸纸纸 | 27 | | 5. Certificate of Status Desired: \$8.75 Additional Fee Required |
| City & State: | City & State | | |
| Marin State | ⊢ ¬ ′ | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| THE DESCRIPTION OF THE PROPERTY COUNTRY | 28 | Country | 4 (20 6 M 3 M 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | L · | ′ | 8. This corporation owes the current year Intangible Personal Property Tax |
| 25 | | 30 | 10. Name and Address of New Registered Agent |
| | irrent Registered Agent | 81 Name | 10. Name and Address of New Registered Agent |
| CARROLL MARK M | | 61 Name | |
| | 00 | 82 Street Ac | ddress (P.O. Box Number is Not Acceptable) |
| 11098 BISCAYNE BLVD SUITE 4 | U3 | | |
| MIAMI FL 33161-7486 | | 83 | "有数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数 |
| | | | · 建精制的 指 |
| | | 84 City | FL 85 Zip Code |
| III is a second control of Contro | 2 0502 and 607 1509 Florida Statute | ne the shove-named co | orporation submits this statement for the purpose of changing its registered |
| it office or registered agent or both in the S | state of Florida. Such change was at | utnonzea ov tne corbora | ation's board of directors. I hereby accept the appointment as registered |
| agent. I am familiar with, and accept the o | bligations of, Section 607.0505, Flor | rida Statutés. | A CONTRACTOR OF THE PROPERTY O |
| SNATURE | • | | * walk 40 c |
| Signature, typed or printed name of registere | d agent and title if applicable. (NOTE: | Registered Agent signature req | |
| OFFICER | S AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| D D | ☐ DELETE | 1,1 TITLE | ☐ Change ☐ Addi |
| OVANESIAN, MARY DER | | 1.2 NAME | |
| ETADURESS 6650 COOLIDGE STREET | | 1.3 STREET ADDRESS | |
| MENT TO THE PERSON OF THE PARKS | | 1.4 CITY-ST-ZIP | |
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| | <u> </u> | | £.74 (a) \$41 (b) (c) |
| | | 2.2 NAME | |
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| | | 3.4. CITY-ST-ZIP | 東京教育を表現している。 |
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| ST-ZIP | | 5.4 CITY-ST-ZIP | 14. 在自己的自己的证据,并且通过了一个。但可以是是自己的 |
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| MHT Sign 1 | | 6.4 CITY-ST-ZIP | |

thereby 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 placed on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect satisfying defended under oath; that I am an afficient 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.