

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101153

1. Entity Name

FLEX PACK U.S.A., INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90111 047 ***158.75

Principal Place of Business

10783 SATELLITE BLVD
ORLANDO FL 32837

Mailing Address

10783 SATELLITE BLVD
ORLANDO FL 32837-8422

2. Principal Place of Business

9561 Satellite Blvd
Suite, Apt. #, etc.
Unit 315

3. Mailing Address

9561 Satellite Blvd.
Suite, Apt. #, etc.
Unit 315

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32837

Country

Orange

Zip

32837

Country

Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3481736

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHARMA, SATISH
10783 SATELLITE BLVD
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

MARK DOREY

Street Address (P.O. Box Number is Not Acceptable)

9561 SATELLITE BLVD UNIT 315

City

ORLANDO FLORIDA

FL

Zip Code

32837

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.

MARK DOREY

(NOTE: Registered Agent signature required when reinstating)

4-14-00

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

TITLE VPD
NAME FELDMAN, KEVIN ☐ Delete
STREET ADDRESS 1236 NORTH EAST 7TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE VSD
NAME DOREY, MARK ☐ Delete
STREET ADDRESS 10783 SATELLITE BLVD
CITY-ST-ZIP ORLANDO FL 32837

TITLE DPT
NAME SHARMA, SATISH ☐ Delete
STREET ADDRESS 3956 TOWNCENTER BLVD- STE 371
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRESIDENT / DIRECTOR ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR, PRESIDENT, ☒ Change ☐ Addition
NAME TREASURER
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT, DIRECTOR ☒ Change ☐ Addition
NAME COMPANY SECRETARY
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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

MARK DOREY

4-14-00

Date

407-857-2883

Daytime Phone #

CR2E034 (9/99)