

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90103 021 ***558.75

DOCUMENT # P97000101153

1. Entity Name
FLEX PACK U.S.A., INC.

Principal Place of Business

**9561 SATELLITE BLVD
UNIT 315
ORLANDO FL 32837**

Mailing Address

**9561 SATELLITE BLVD
UNIT 315
ORLANDO FL 32837**

B0132929



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10321 Emperor Dr.

Suite, Apt. #, etc.

Suite 201

City & State

Orlando, FL

Zip

32809

Country

USA

3. Mailing Address

10321 Emperor Dr.

Suite, Apt. #, etc.

Suite 201

City & State

Orlando, FL

Zip

32809

Country

USA

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

DOREY, MARK

**9561 SATELLITE BLVD
UNIT 315
ORLANDO FL 32837**

7. Name and Address of New Registered Agent

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.

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **VD** ☐ Delete
NAME **FELDMAN, KEVIN**
STREET ADDRESS **1236 NORTH EAST 7TH AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

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

TITLE **VD** ☐ Delete
NAME **SHARMA, SATISH**
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 **VD** ☒ Change ☐ Addition
NAME **Kevin Feldman**
STREET ADDRESS **1010 South Ocean Blvd**
CITY-ST-ZIP **Pompano Beach, FL 33062**

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

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

TITLE ☐ Change ☐ Addition
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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

5-5-02

Date

407-857-2883

Daytime Phone #

CR2E034 (9/01)