FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91435 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101153

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

Principal Place of Business	Mailing Address
6321 EMPEROR DR SUITE 201 ORLANDO, FL 32809	6321 EMPEROR DR SUITE 201 ORLANDO, FL 32809

2. Principal Place of Business	3. Mailing Address
Street, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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
9661 SATELLITE BLVD
UNIT 315
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name: DOREY, MARK
Street Address (P.O. Box Number is Not Acceptable): 6321 EMPEROR DR, SUITE 201
City: ORLANDO FL Zip Code: 32809

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: MARK DOREY (NOTE: Registered Agent Signature required when changing) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FELDMAN, KEVIN 1010 SOUTH OCEAN BLVD POMPANO BEACH, FL 33062 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT DOREY, MARK 10763 SATELLITE BLVD ORLANDO, FL 32837 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition DPT Dorey, Mark 12016 John's Cove Ln Winter Garden, FL 34787
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDCS SHARMA, SATISH 3366 TOWNCENTER BLVD- STE 371 ORLANDO, FL 32837 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition VDCS SHARMA, SATISH 7549 BROKERAGE DR ORLANDO, FL 32809
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: SATISH SHARMA 4-29-03. (407) 851-6620
SIGNATURE AND TYPED OR PRINTED NAME OF ASSIGNED OFFICER OR DIRECTOR — Date — Daytime Phone #

FORM (UBR)