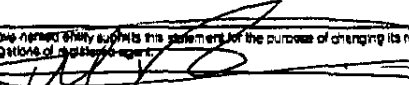


FILED
May 05, 2003 8:00 am
Secretary of State

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 6321 EMPEROR DR SUITE 201 ORLANDO, FL 32809		Mailing Address 6321 EMPEROR DR SUITE 201 ORLANDO, FL 32809	
2. Principal Place of Business		3. Mailing Address	
BLDG. APT. #, ETC.		SUITE, APT. #, ETC.	
City & State		City & State	
Zip	Country	Zip	Country
4. PET Number 68-3481736		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOREY, MARK 9681 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 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 		DATE MARK DOREY	
9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
VP	FELDMAN, KEVIN		
STREET ADDRESS	1010 SOUTH OCEAN BLVD	STREET ADDRESS	
CITY-ST-IP	POMPANO BEACH, FL 33062	CITY-ST-IP	
TITLE	DPT	TITLE	DPT
NAME	DOREY, MARK	NAME	DOREY, MARK
STREET ADDRESS	10783 SATELLITE BLVD	STREET ADDRESS	1206 John's Cove Ln.
CITY-ST-IP	ORLANDO, FL 32837	CITY-ST-IP	Winter Garden, FL 34787
TITLE	VPCS	TITLE	VPCS
NAME	SHARMA, SATISH	NAME	SHARMA, SATISH
STREET ADDRESS	3886 TOWNCENTER BLVD- STE 571	STREET ADDRESS	7549 BROKERAGE DR
CITY-ST-IP	ORLANDO, FL 32837	CITY-ST-IP	ORLANDO, FL 32809
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-IP		CITY-ST-IP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-IP		CITY-ST-IP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-IP		CITY-ST-IP	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address. Name of Officer/like empowered.			
SIGNATURE: 		DATE 4-29-03. (407) 851-6620	
SIGNATURE AND TYPE OR PRINTED NAME OF AGENT, OFFICER OR DIRECTOR		DATE	