

May 05 03 03:46p

jane letwin

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

06-05-2003 90131 017 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000004461

1. Entity Name
THE IDEAL BOX COMPANY, INC.



90138614

Principal Place of Business
 2642 NATOMA ST.
 MIAMI, FL 33133 US

Mailing Address
 2642 NATOMA ST.
 MIAMI, FL 33133 US

2. Principal Place of Business

5803 SW Quail Hollow

3. Mailing Address

5803 SW Quail Hollow

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
 Palm City, Florida

City & State
 Palm City, Florida

4. FEI Number
 85-0829875

Applied For
☐ Not Applicable

Zip
 34990

Country
 USA

Zip
 34990

Country
 USA

6. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RENZI, LAURA
 2642 NATOMA ST.
 MIAMI, FL 33133

Name **Lolin Gabriel**Street Address (P.O. Box Number is Not Acceptable)
5803 SW Quail Hollow StreetCity **Palm City**

FL

Zip **34990**

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

L Gabriel

4/14/03

Signature, typed or printed name of registered agent and officer if applicable.

(NOTE: Registered Agent Signature Required When Changing)

Date



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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **RENZI, LAURA**
 CITY-STATE-ZIP **2642 NATOMA ST. MIAMI, FL 33133**

TITLE ☐ Change ☒ Addition
 NAME **VP**
 STREET ADDRESS **Lolin Gabriel**
 CITY-STATE-ZIP **5803 SW Quail Hollow St. Palm City, FL 34990**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **MADAN, DENISE**
 CITY-STATE-ZIP **9961 SW 72 CT MIAMI, FL 33166**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 empowerment.

SIGNATURE: **L Gabriel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 (772) 370 0007

Date

Phone

CR2003-4 (10/02)

Attachment

90138614

#P9800004461

Dear Department of State,

I sent off our renewal
for The Ideal Box Inc.
on 3/14/03 with a check
of \$150.00 to the Department
of State, and the documents

The envelope was
just returned, because the
post office says "opened
mail - return to sender."

I am not sure why it was
opened & then returned.

I know they have very