

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010462

1. Entity Name
PRO-FLEX PACKAGING, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 10 PM 4:00

Principal Place of Business Mailing Address
9561 SATELLITE BLVD 9561 SATELLITE BLVD
UNIT 315 UNIT 315
ORLANDO FL 32837 ORLANDO FL 32837

2. Principal Place of Business 3. Mailing Address
6321 EMPEROR DR 6321 EMPEROR DR
Suite, Apt. #, etc. Suite, Apt. #, etc.
201 201
City & State City & State
ORLANDO ORLANDO
Zip Country Zip Country
32809 ORANGE 32809 ORANGE

REINSTATEMENT

4. FEI Number 59-3557166 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
Address (or P.O. Box Number) (Not Applicable)
6321 EMPEROR DR S. 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.

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

(NOTE: Registered Agent signature required when reinstating)

11/30/2001
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT SHARMA, SATISH 3956 TOWN CENTER BLVD.,STE.371 ORLANDO FL 32837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS DOREY, MARK 10783 SATELLITE BLVD. ORLANDO FL 32837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	6321 EMPEROR DR S. 201 ORLANDO, FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6321 EMPEROR DR S 201 ORLANDO, FL 32809	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004740246-0 -12/26/01--01109--005 ****758.00 ****758.00 758.75 758.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 

11/30/2001
DATE

Daytime Phone #

0075007

CR2E034 (10/00)

AD