## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

OR PRINTED NAME OF SIGNING

## **FILED** DOCUMENT # P98000022784 Apr 28, 2000 8:00 am Secretary of State BRATPAK, INC. 04-28-2000 90420 007 \*\*\*150.00 Principal Place of Business Mailing Address 4310 SHERIDAN STREET STE 202 4310 SHERIDAN STREET STE 202 HOLLYWOOD FL 33021-3512 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0819679 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURTON, ANDRE S Street Address (P.O. Box Number is Not Acceptable) 4310 SHERIDAN ST #202 HOLLYWOOD FL 33021 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME FUMERO, ISAURA STREET ADDRESS STREET ADDRESS 4310 SHERIDAN STREET STE 202 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME WALL, WILLIAM STREET ADDRESS STREET ADDRESS 4310 SHERIDAN STREET STE 202 CITY-ST-ZiP CITY-ST-ZIP HOLLYWOOD FL 33021 Change ☐ Addition ☐ Delete TITLE TITLE NAME Joseph, erič l NAME 125 Ter STREET ADDRESS STREET ADDRESS 20760 NE 4 CT #208 -CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL 33179 ☐ Addition ☐ Delete TITLE SD TITLE NAME JOSEPH, PAULA B NAME STREET ADDRESS STREET ADDRESS <del>20760 NE 4 GT #</del>208 CITY-ST-ZIP 33323 CITY-ST-ZIP MIAMI-FL 33179 -☐ Change Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 trusted ampowered 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 application of the receiver of the corporation of the receiver of trusted and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an application of the receiver of the corporation of the corporation of the receiver of the corporation of the