

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000029023**

1. Entity Name

GS FLEXIBLE PACKAGING, INC.**FILED**
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90010 025 ***150.00

00025126



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10961 NORTHWEST 7TH COURT PLANTATION FL 33324	Mailing Address 10961 NORTHWEST 7TH COURT PLANTATION FL 33324-8108
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0823481	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name BRIAN LYNN C. P.A. P.A.		
Street Address (P.O. Box Number is Not Acceptable) SUITE 215 TWO SOUTH UNIVERSITY DRIVE		
City PLANTATION	FL	Zip Code 33324

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.	DATE 2/14/00 (NOTE: Registered Agent signature required when reinstating)
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10961 NORTHWEST 7TH COURT		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP		
TITLE	SVTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIANSON, SUSAN R		NAME		
STREET ADDRESS	10961 NORTHWEST 7TH COURT		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 2/14/2000 Date	DAYTIME PHONE: (954) 577-0376 Daytime Phone #
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CR2E034 (9/99)