

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051274

1. Entity Name
PACKAGES PLUS, INC.

Principal Place of Business
768 RIVERSIDE DRIVE
CORAL SPRINGS FL 33071

Mailing Address
768 RIVERSIDE DRIVE
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 94-1686094

Applied For

Not Applicable

5. 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

ROSE, KAREN W
768 RIVERSIDE DRIVE
CORAL GABLES FL 33071

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME KLIEGMAN, DANIEL H
STREET ADDRESS 768 RIVERSIDE DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

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

TITLE V ☒ Delete
NAME KLIEGMAN, GLADYS
STREET ADDRESS 768 RIVERSIDE DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

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

TITLE S ☐ Delete
NAME ROSE, KAREN W ASST.
STREET ADDRESS 768 RIVERSIDE DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

☒ Change ☐ Addition
TITLE President PD
NAME Rose, Karen W.
STREET ADDRESS 768 Riverside Dr.
CITY-ST-ZIP Coral Springs, FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
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:

Karen W. Rose KAREN W. ROSE

4/24/01

Date

954-255-7447

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE