

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059758

1. Entity Name

EAGLE CUSTOM PACKAGING SYSTEMS, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90007 005 \*\*\*150.00

Principal Place of Business

Mailing Address

15821 N. SEDGEWYCK CIRCLE  
FT. LAUDERDALE FL 33331

P.O. BOX 821455  
SOUTH FLORIDA FL 33082-1455  
US

2. Principal Place of Business

5244 NW 163RD ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLA.

City & State

Zip

33014

Country

DADE

Zip

Country

4. FEI Number

65-0861357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILONE, FRANK  
15821 N. SEDGEWYCK CIRCLE  
FT. LAUDERDALE FL 33331

7. Name and Address of New Registered Agent

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	PEREZ, JORGE	
STREET ADDRESS	15821 N. SEDGEWYCK CIRCLE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MILONE, FRANK	
STREET ADDRESS	15821 N. SEDGEWYCK CIRCLE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GROCHER, COURTNEY	
STREET ADDRESS	15821 N. SEDGEWYCK CIRCLE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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:

*Frank Milone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-00 305-622-4070