

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 02, 2001 08:00 AM****Secretary of State****DOCUMENT # P98000059758**1. Entity Name
EAGLE CUSTOM PACKAGING SYSTEMS, INC.Principal Place of Business
15821 N. SEDGEWYCK CIRCLE
FT. LAUDERDALE FL 33331
Mailing Address
P.O. BOX 821455
SOUTH FLORIDA FL 33082 US2. Principal Place of Business
5244 NW 163RD STREET
3. Mailing Address
5244 NW 163RD STREET

Suite, Apt. #, etc.

City & State
MIAMI FL
City & State
MIAMI FLZip
33014
Country
US4. FEI Number
65-0861357
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 **FRANK MILONE****07/02/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | GROCHER COURTNEY | |
| 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 | PD | <input type="checkbox"/> Delete |
| NAME | PEREZ JORGE | |
| 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 |
| NAME | | |
| 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"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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

VP

07/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)