

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000061729**

1. Entity Name

PACKY INVESTMENTS, INC.**FILED****Feb 05, 2001 8:00 am**
Secretary of State

02-05-2001 90038 013 ***150.00

Principal Place of Business

**511 BAYSHORE DRIVE
#610
FORT LAUDERDALE FL 33304**

Mailing Address

**511 BAYSHORE DRIVE
#610
FORT LAUDERDALE FL 33304**

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 **65-0871679**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MAASS, GEORGE A
2140 N.E. 67TH STREET
FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name

MAASS, GEORGE A

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

3200N. PORT ROYALE DRIVE # 1206

City

FT. LAUDERDALE

FL

Zip Code

33308

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

GEORGE A. MAASS

(NOTE: Registered Agent signature required when reinstating)

01/30/2001

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ADAM, KLAUS	
STREET ADDRESS	511 BAYSHORE DR #610	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	

TITLE	D	<input type="checkbox"/> Delete
NAME	WESSELOW, MANFRED	
STREET ADDRESS	511 BAYSHORE DR #610	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	

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
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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"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANFRED WESSELOW**01/30/01 (954) 565-3547**

Date

Daytime Phone #

CR2E034 (10/00)