

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90158 036 ***150.00

DOCUMENT # P98000066145

1. Entity Name

HAZARD-PACK INTERNATIONAL, INC.

Principal Place of Business

**7239 SW 159TH AVE.
 MIAMI FL 33193**

Mailing Address

**7239 SW 159TH AVE.
 MIAMI FL 33193**



2. Principal Place of Business

7239 SW 159 AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

MIAMI FL

Suite, Apt. #, etc.

SAME

City & State

33193 OSA.

City & State

SAME

Zip

Country

Zip

Country

4. FEI Number

65-0865814

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PALAZUELOS, RAUL
 7239 SW 159 AVE
 MIAMI FL 33193**

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, 2002 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 **P** ☐ Delete
 NAME **PALAZUELOS, RAUL**
 STREET ADDRESS **7239 SW 159TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE **VP** ☐ Delete
 NAME **PALAZUELOS, JOSEFINA**
 STREET ADDRESS **7239 SW 159TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: RAUL PALAZUELOS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/02 305-698-2930
 Date Daytime Phone #

CR2E034 (9/01)