

AMENDED

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000073120

1. Entity Name

Ameripak II Enterprises, Inc.

FILED

02 MAR 28 PM 2: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100005223901--8

-04/09/02--01086--001

\*\*\*\*122.50 \*\*\*\*61.25

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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6502 N. State Road 7

3. Mailing Address

6502 N. State Road 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Coconut Creek, FL

City & State  
Coconut Creek, FL

4. FEI Number  
65-0866459

Applied For  
Not Applicable

Zip  
33073

Country  
USA

Zip  
33073

Country  
USA

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

James B. Lyon, Esq.

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

1881 University Drive, Suite 206

City  
Coral Springs

FL

Zip Code  
33071

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) ☐

January 15 May 15 Fee is \$150.00

After May 15 Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President  
Badrudin Rajwany  
8175 Wiles Road  
Coral Springs, FL 33067

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Director/Secretary  
Nuruddin Rajwany  
6502 N. State Road 7  
Coconut Creek, FL 33073

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT

3/19/02