

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91789 043 \*\*\*150.00

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**DOCUMENT # P98000092660**

1. Entity Name  
**WORLDWIDE PACKING & CRATING, INC.**



Principal Place of Business  
**5935 RAVENSWOOD ROAD  
SUITE F11  
FORT LAUDERDALE FL 33312  
US**

Mailing Address  
**113 N. FEDERAL HWY  
DANIA FL 33004  
US**



2. Principal Place of Business

**5923 RAVENSWOOD ROAD**

3. Mailing Address

Suite, Apt. #, etc.

**# 6-11**

Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE, FL**

City & State

Zip

**33312-6646**

Country

**USA**

Zip

Country

4. FEI Number

**65-0874166**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, MARK  
8964 STATE RD 84  
DAVIE FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ARMBRUST, MICHAEL L</b>	
STREET ADDRESS	<b>813 NW 12TH AVE</b>	
CITY-ST-ZIP	<b>DANIA FL 33004</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>NEVAD, FRANCIS D</b>	
STREET ADDRESS	<b>5037 LAKE BLVD</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL 33484</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ADAMS, MARK</b>	
STREET ADDRESS	<b>8964 STATE RD 84</b>	
CITY-ST-ZIP	<b>DAVIE FL 33324</b>	
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		

11. 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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Adams **MARK ADAMS - DIRECTOR 4/28/03 (954) 472-0911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)