

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104210

1. Entity Name

ASPAC INC.

FILED
May 19, 2000 8:00 am
Secretary of State

04-25-2000 90139 050 ***150.00

Principal Place of Business

Mailing Address

5722 S. FLAMINGO RD.
FT. LAUDERDALE FL 33330

5722 S. FLAMINGO RD.
FT. LAUDERDALE FL 33330-3206

2. Principal Place of Business

5666 RODMAN ST UNIT 6

3. Mailing Address

5722 S FLAMINGO RD #300

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

FT LAUDERDALE, FL

4. FEI Number

65-0881076

Applied For

Not Applicable

Zip

33023

Country

Zip

33330

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

65-0881076

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOWANLOCH, WILLIAM R
ASPAC INC.
5722 S. FLAMINGO ROAD
FT. LAUDERDALE FL 33330

Name

Bill Gowanloch

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

5666 Rodman ST # 6

City

Hollywood

FL

Zip Code

33023

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

Bill Gowanloch

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

(NOTE: Registered Agent signature required when reinstating)

4-18-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: SECY/TREASURER
NAME: GRACE GOWANLOCH
STREET ADDRESS: 5666 Rodman ST
CITY-ST-ZIP: Hollywood FL, 33023

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

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:

Grace Gowanloch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

954-680-2010

Daytime Phone #

CR2E034 (9/99)