FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90193 045 ***150.00

DOCUMENT # P98000104210

1. Entity Name
ASPAC INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5666 Rodman St	5722 S Flamingo Rd
Suite, Apt. #, etc. UNIT # 6	Suite, Apt. #, etc. # 300
City & State Hollywood, FL	City & State Cooper City, Fl
Zip 33023 Country	Zip 33330 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65 0088107 6 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name Bill Gowanloch
Street Address (P.O. Box Number is Not Acceptable) 5666 Rodman St. Unit # 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 ____
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 1 - May 1 Fee is $150.00
After May 1, 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	SECY/TREASURER
NAME	G GOWANLOCH.
STREET ADDRESS	5666 Rodman St. # 6 Hollywood F
CITY-ST-ZIP	33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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] Grace A. Gowanloch 3/31/02 954-680-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #P98000104210 / 6540056

Please make sure that the mailing address is corrected. We have not received mailings for the past 2 years

SYNVISC®
HYLAN G-F 20