2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 08, 2002 8:00 am Secretary of State

0377578 AV

1. Entity Nam	IVIEN I # P99000 R PACKAGING, INC.	JU1U458			Secretary 6 01-08-2002 90026 0			Ş
Principal Place of Business 7592 ELMRIDGE DRIVE BOCA RATON FL 33433		Mailing Address 7592 ELMRIDGE DRIVE BOCA RATON FL 33433						
2. Principal Place of Business		3. Mailing Address) (Billiage III Billia calve Billia anto Admi		#1 #1101 1911 198 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 65-0892233		Applied For]
Zip Country		Zip Country		5.	5. Certificate of Status Desired See Required Not Applicable			
<u> </u>	6. Name and Address of Current Ro	anistered'A nent		7	Name and Address of New Registe		red	┥
	or reality and addition of Gallon III	egisterea Agent	N	Vame	Traine and Address of Note Coglet	orea Agent		1
GINSBERG, SUSAN 7592 ELMRIDGE DRIVE			9	Street Address (P.O.	Box Number is Not Acceptable)			\dashv
1 .	TON FL 33433							\dashv
				City		Zip Co		-{
			`			FL Zip Co		
8. The above	e named entity submits this statement for t	he purpose of changing its re	egistered o	office or registered a	agent, or both, in the State of Florida.			}
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE: F	Registered Age	ent signature required when	reinstation)	DATE	<u></u>	
					To thousand,			\dashv
-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 St		be \$550.00	 Election Campaign Financin Trust Fund Contribution. 	g \$5. Add	00 May Be ed to Fees	
11.	OFFICERS AND D	· · · · · · · · · · · · · · · · · · ·	12.			S AND DIRECTO	RS IN 11	4
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NAME	GINSBERG, SUSAN		NAME					CR2E034 (9/01)
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NAME CIDET ADDRESS)		NAME	200500	v.			
STREET ADDRESS	1		STREET AL	l l				

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Delete

SUSAN GINSBERG

kes.

15/02 361-362-006

☐ Change

Addition