

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90080 039 ***150.00

DOCUMENT # P99000025721

1. Entity Name
ADVERTISING PACKAGING ASSOCIATION INTERNATIONAL, INC.

Principal Place of Business
2722 ARBORWOOD RD
DAVIE FL 33328

Mailing Address
2722 ARBORWOOD RD
DAVIE FL 33328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
1012 N. Ocean Blvd. Ste. 509
Pompano Beach, FL 33062

Suite, Apt. #, etc.
1012 N. Ocean Blvd. Ste. 509
Pompano Beach, FL 33062



DO NOT WRITE IN THIS SPACE

Zip

Country

USA

Country

USA

4. FEI Number

36-2852866

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

AIGNER, MICHAEL J
2722 ARBORWOOD RD
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name **SAME**

Street Address (P.O. Box Number)
1012 N. Ocean Blvd. Ste. 509
Pompano Beach, FL 33062

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.

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE ☐ Delete
 NAME **AIGNER, MICHAEL**
 STREET ADDRESS **2722 ARBORWOOD ROAD**
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **AIGNER, MICHAEL**
 STREET ADDRESS **1012 N. Ocean Blvd. Ste. 509**
 CITY-ST-ZIP **Pompano Beach, FL 33062**

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)