

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094881

1. Entity Name

PACK AND SHIP CENTER, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90045 003 ***550.00

Principal Place of Business

1234 S. DIXIE HWY
 CORAL GABLES FL 33146

Mailing Address

1234 S. DIXIE HWY
 CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

1234 S. Dixie Hwy 1234 S. Dixie Hwy
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0988392

Applied For

Not Applicable

Zip

Country

33146 USA

Zip

Country

33146 USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEPH, SHEELA
 15410 SW 103 PL.
 MIAMI FL 33157

Name

JOSEPH LUKOSE.

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

1234 S. Dixie Hwy
 Box No: 205

City

Coral Gables

FL

Zip Code

33146

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

9/2/00.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME PRESIDENT
 STREET ADDRESS JOSEPH LUKOSE
 CITY-ST-ZIP 1234 S. Dixie Hwy # 205
 Coral Gables, FL 33146

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

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/00

Date

Daytime Phone #

305-665-8814

CR2E034 (5/00)