

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91191 005 ***150.00

DOCUMENT # P99000094881

1. Entity Name

PACK AND SHIP CENTER, INC.

Principal Place of Business

1234 S. DIXIE HWY
 CORAL GABLES FL 33146

Mailing Address

1234 S. DIXIE HWY
 CORAL GABLES FL 33146-2902

2. Principal Place of Business

1234 S. DIXIE HWY
 Suite, Apt. #, etc.

3. Mailing Address

same
 Suite, Apt. #, etc.

City & State

Coral Gables

City & State

Coral Gables

Zip

33146

Country

USA

Zip

33146

Country

USA

6. Name and Address of Current Registered Agent

~~JOSEPH SHEELA~~ LUKOSE, JOSEPH
 15410 SW 103 PL
 MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

JOSEPH LUKOSE

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

1234 S. DIXIE HWY

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]

President

5/14/01

(Signature must be 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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT	JOSEPH LUKOSE	1234 S. DIXIE HWY	Coral Gables FL 33146	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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] President

5/14/01

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (9/99)

PACK & SHIP
CENTER

University Center
1234 S Dixie Hwy.
Coral Gables, FL 33146
Ph. No.: (305) 665-8814
FAX: (305) 665-9985

Attachment
D# 99000094881
AW 71747

May, 14, 2001

Sir/madame,

I would like to send the application for the renewal of the Corporation for the year 2001. I called your office, for the form which I never received; They ask me to ~~use~~ use the last year form if available with a check of \$150⁰⁰. I am hereby doing accordingly and humbly requesting to accept it.
If any question please call (305-665-8814).
Thanks.

