

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000102351****1. Entity Name**
VICON PLASTICS & PACKAGING, INC.**Principal Place of Business**
1673 SW 1ST WAY #A-2
DEERFIELD BEACH FL 33441**Mailing Address**
1673 SW 1ST WAY #A-2
DEERFIELD BEACH FL 33441**2. Principal Place of Business**
1320 NORTHWEST 65TH PLACE
Suite, Apt. #, etc.**3. Mailing Address**
1320 NORTHWEST 65TH PLACE
Suite, Apt. #, etc.**City & State**
FT. LAUDERDALE, FLORIDA
Zip
33309
Country**City & State**
FT. LAUDERDALE, FL.
Zip
33309
Country**4. FEI Number**
65-0981181**Applied For**
☐ **Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****VIVIANI, MICHAEL A**
1673 SW 1ST WAY #A-2
DEERFIELD BEACH FL 33441**7. Name and Address of New Registered Agent****Name** **VIVIANI, MICHAEL A****Street Address (P.O. Box Number is Not Acceptable)**
1320 NORTHWEST 65TH PLACE**City** **FT. LAUDERDALE****FL****Zip Code**
33309**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 \$550.00**
After September 12, 2001 Fee 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****TITLE** **D** ☐ Delete
NAME **VIVIANI, MICHAEL A**
STREET ADDRESS **1673 SW 1ST WAY #A-2**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☒ Change ☐ Addition
NAME **VIVIANI, MICHAEL A**
STREET ADDRESS **1320 NORTHWEST 65TH PLACE**
CITY-ST-ZIP **FT. LAUDERDALE, FLORIDA 33309****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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 #

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90008 042 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)