

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90053 001 ***158.75

DOCUMENT # P99000111240

1. Entity Name

AMERIPACKAGING INC.

Principal Place of Business

C/O ROZENCWAIG & GRANOFF
ONE SOUTHEAST 3RD AVE STE 960
MIAMI FL 33131

Mailing Address

C/O ROZENCWAIG & GRANOFF
ONE SOUTHEAST 3RD AVE STE 960
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 N.E. 187th St.

3. Mailing Address

300 N.E. 187th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FLA

City & State

NORTH MIAMI BEACH, FLA

4. FEI Number

65-0970210

Applied For

Not Applicable

Zip

33179

Country

USA

Zip

33179

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROZENCWAIG, LESLIE A
C/O ROZENCWAIG & GRANOFF
ONE SOUTHEAST 3RD AVE STE 960
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

LESLIE ALAN ROZENCWAIG, ESQ.

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

1 SE. 3RD AVE #960

City

Miami

FL

Zip Code
33131

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

2/20/01

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 **S** ☐ Delete
NAME **ROZENCWAIG, LESLIE**
STREET ADDRESS **ONE SOUTHEAST 3RD AV STE 960**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
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 **PRESIDENT** ☒ Change ☐ Addition
NAME **MUSHE KLAIBAUM**
STREET ADDRESS **300 N.E. 187th St.**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **JENNY LUCHER KLAIBAUM**
STREET ADDRESS **300 N.E. 187th St.**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

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

TITLE ☐ Change ☐ Addition
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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

2/20/01

Date

(305) 249-5848

Daytime Phone #

CR2E034 (10/00)