

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90465 047 ***158.75

DOCUMENT # P99000111240

1. Entity Name
AMERIPACKAGING INC.



Principal Place of Business
300 N.E. 187TH ST.
NORTH MIAMI BEACH FL 33179

Mailing Address
300 N.E. 187TH ST.
NORTH MIAMI BEACH FL 33179



2. Principal Place of Business

3751 N.E. 214 ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 800851

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

AVENTURA, FL

City & State

AVENTURA, FL

Zip

33180

Country

USA

Zip

33280-0851

Country

USA

4. FEI Number **65-0970210**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROZENCWAIG, LESLIE A ESQ
1 S.E. 3RD AVE #960
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **KLAIBBAUM, MOSHE**
STREET ADDRESS **300 N.E. 187TH STREET**
CITY-ST-ZIP **NORTH MIAMI FL 33179**

TITLE **P** ☐ Delete
NAME **KLAIBBAUM, MOSHE**
STREET ADDRESS **300 N.E. 187TH ST.**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **S** ☐ Delete
NAME **KLAIBBAUM, JENNY I**
STREET ADDRESS **300 N.E. 187TH ST.**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **KLAIBBAUM, MOSHE**
STREET ADDRESS **P.O. Box 800851**
CITY-ST-ZIP **AVENTURA, FL 33280-0851**

TITLE **P** ☒ Change ☐ Addition
NAME **KLAIBBAUM, MOSHE**
STREET ADDRESS **P.O. Box 800851**
CITY-ST-ZIP **AVENTURA, FL 33280-0851**

TITLE **S** ☒ Change ☐ Addition
NAME **KLAIBBAUM, JENNY I**
STREET ADDRESS **P.O. Box 800851**
CITY-ST-ZIP **AVENTURA, FL 33280-0851**

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

12. 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE:

SIGNATURE MOSHE KLAIBBAUM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/03

305-490-4880

CR2E034 (10/02)