

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S15062

1. Entity Name

ASSOCIATED TAG AND LABEL CO. INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90034 046 ***150.00

Principal Place of Business

1628 NW 38 AVE
LAUDERHILL FL 33311
US

Mailing Address

1628 NW 38 AVE
LAUDERHILL FL 33311
US

2. Principal Place of Business

6761-6 W. Sunrise Blvd.

3. Mailing Address

6761-6 W. Sunrise Blvd.

Suite, Apt. #, etc.

Bay 6

Suite, Apt. #, etc.

Bay 6

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33313

Country

USA

Zip

33313

Country

USA

6. Name and Address of Current Registered Agent

AVRON, FLORENCE
1628 NW 38 AVE
LAUDERHILL FL 33311

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.

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 \$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
NAME AVRON, FLORENCE
STREET ADDRESS 8764 NW 75 PLACE
CITY-ST-ZIP TAMARAC FL

TITLE VD
NAME ANDERSON, LYNN
STREET ADDRESS 1628 NW 38 AVE
CITY-ST-ZIP LAUDERHILL FL

TITLE P
NAME AVRON, HAROLD
STREET ADDRESS 8764 N W 75 PLACE
CITY-ST-ZIP TAMARAC FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 #

CR2E034 (10/00)