

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90142 027 ***150.00

DOCUMENT # S17705

1. Entity Name
VAL-PAK OF PUERTO RICO, INC.



Principal Place of Business
**10585 S.W. 109TH COURT
#205
MIAMI FL 33176**

Mailing Address
**10585 S.W. 109TH COURT
#205
MIAMI FL 33176**



2. Principal Place of Business
13230 S.W. 102 St.

3. Mailing Address
13230 S.W. 102 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number **65-0245429**

Applied For
Not Applicable

Zip
33186

Country
DADE

Zip
33186

Country
DADE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DARROW, KENNETH F.
9130 SOUTH DADELAND BLVD
SUITE 1209
MIAMI FL 33156**

Name **DOMENICK CASTRO**
Street Address (P.O. Box Number is Not Acceptable)
16620 S.W. 149 AVENUE
City **MIAMI** FL Zip Code **33187**

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 **DOMENICK CASTRO VICE PRESIDENT** *[Signature]* **1/13/03**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CASTRO, PAUL**
STREET ADDRESS **16620 S.W. 149TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
NAME **CASTRO, DOMENICK**
STREET ADDRESS **16620 S.W. 149TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
NAME **CASTRO, LUZ M.**
STREET ADDRESS **16620 S.W. 149TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: **DOMENICK CASTRO VICE PRESIDENT** *[Signature]* **1/13/03 305-232-3703**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)