2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # \$93316 Feb 04, 2000 8:00 am 1. Entity Name **Secretary of State** ADVANCE PACKAGING EQUIPMENT CORP. 02-04-2000 90021 038 ***150.00 Mailing Address Principal Place of Business 15300 SW 167 STREET 15300 SW 167 STREET MIAMI FL 33187-0808 MIAMI FL 33187 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0304745 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MASIS, ERNESTO J. Street Address (P.O. Box Number is Not Acceptable) 15121 S.W. 81ST STREET **MIAMI FL 33193** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ____OFFICERS AND DIRECTORS _ ___ -- ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. -12.~-☐ Addition PSD ☐ Change TITLE ☐ Delete MASIS, ERNESTO J. NAME STREET ADDRESS STREET ADDRESS 15300 SW 167ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33187 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS 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:

SIGNATIFIZEQUIRED

21/20x 305-235-2775