2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
02-26-2000 90020 042 ***150.00

DOCUMENT # V09525

1. Entity Name

UNITED PAPER, CORP.

Principal Place of Business	Mailing Address
600 NE 36 ST. MIAMI FL 33137	600 NE 36 ST #2014 MIAMI FL 33137-3944 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7302 NW 107 PL	7302 NW 107 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33178 Country: U.S.	Zip: 33178 Country: U.S.

4. FEI Number 65-0318546 ☐ Applied For ☐ Not Applicable

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
VILLACRECES, MANUEL 600 NE 36 ST. #2014 MIAMI FL 33137	Name: MANUEL VILLACRECES Street Address (P.O. Box Number is Not Acceptable): 7302 NW 107 PL. City: MIAMI **FL** Zip Code: 33178

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD VILLACRECES, MANUEL 600 NE 36 ST #2014 MIAMI FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD VILLACRECES, MANUEL 7302 NW 107 PL MIAMI FL 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EUCARIS, SCOTT 600 NE 36 ST #2014 MIAMI FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCOTT, EUCARIS 7302 NW 107 PL MIAMI FL 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TORRES, JUAN CARLOS 600 NE 36 ST #2014 MIAMI FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TORRES, JUAN CARLOS 7302 NW 107 PL MIAMI FL 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCOTT, SONIA 600 NE 36 ST #2014 MIAMI FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCOTT, SONIA 7302 NW 107 PL MIAMI FL 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VILLACRECES, JOSE M 600 NE 36 ST #2014 MIAMI FL 33137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEGOVIA, JOSE 600 NE 36 ST #2014 MIAMI FL 33137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR 1014 (9/99)

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 #