I hereby certify that the information indicated on this report or supplemental report is true and accur	rate and that my electronic signature shall h	ave 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 exec	cute this report as required by Chapter 607,	Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: LOUIS G SOTO	Р	01/13/2021

# Entity Name: BROWARD PACK & CRATING IMPORT AND EXPORT, INC.

## **Current Principal Place of Business:**

8563 NW 72ND ST MIAMI, FL 33166

### **Current Mailing Address:**

8563 NW 72ND ST MIAMI. FL 33166 US

### FEI Number: 65-1000507

Name and Address of Current Registered Agent:

SOTO, LUIS GUILLERMO 2433 CENTRAL GATE DR. 306 MIRAMAR, FL 33025 US

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:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	PD	Title	VTS
Name	SOTO, LOUIS G	Name	LEMA, LIGIA
Address	635 NW 130 AVE	Address	8563 NW 72ND ST
City-State-Zip:	PEMBROKE PINES FL 33028	City-State-Zip:	MIAMI FL 33166

Electronic Signature of Signing Officer/Director Detail

FILED Jan 13, 2021 Secretary of State 2745106312CC

Certificate of Status Desired: No

Date

Date