FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE:

Jan 15, 2002 8:00 am P00000103716 DOCUMENT # Secretary of State 1. Entity Name MELTPOINT PLASTICS INTERNATIONAL, INC. 01-15-2002 90051 014 ***150.00 Principal Place of Business Mailing Address 7551 NW 78 STREET 7551 NW 78 STREET 666101 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1058074 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HILLMAN-WALLER, LOUIS M Street Address (P.O. Box Number is Not Acceptable) 782 N.W. LEJEUNE ROAD SUITE 350 **MIAMI FL 33126** City 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 it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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. 0-Vice President Delete President CR2E034 (9/01) Change TITI F TITLE ☐ Addition BRAVO, CARLOS Carlos Brauo NAME NAME 1901 BRICKELL AVENUE STREET ADDRESS STREET ADDRESS 551 NW MIAMI FL 33139 CITY-ST-ZIP CITY-ST-ZIP edler Delete ☐ Addition TITLE TITLE **BRAVO, JOSE** NAME NAME 1901 BRICKELL AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33139 CITY-ST-7IP CITY-ST-ZIP o-President TITLE ☐ Delete TITLE ☐ Addition BRAVO, JUAN A NAME NAME 2535 S.W. 125 CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 receiper 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