

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096060

1. Entity Name
SPW GENERAL PARTNER, INC.

Principal Place of Business 14427 NW 60 Ave. Miami Lakes, Florida 33014	Mailing Address 14427 NW 60 Ave. Miami Lakes, Florida 33014
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED

01 DEC 10 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/12/01--01075--001
****758.75 ****758.75
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent Security Plastics, Inc. 14427 NW 60 Avenue Miami, Lakes, Florida 33014		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. Security Plastics, Inc. By: <i>Norman H. Cohan Pres</i> Norman H. Cohan Pres December 6, 2001 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE			

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, 2001 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	D,P Cohan, Norman H. 14427 NW 60 Avenue Miami Lakes, Florida 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,EVP Gomez, Enidio A. 14427 NW 60 Avenue Miami Lakes, Florida 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 01 18

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 employees.

SIGNATURE: *Norman H. Cohan* Norman H. Cohan, President 12/6/01 305-823-5440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)