

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061309

1. Entity Name

PLUS INTERNATIONAL, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90081 027 ***150.00

Principal Place of Business

200 S. BISCAYNE BLVD., STE. 1050
 MIAMI FL 33131

Mailing Address

200 S. BISCAYNE BLVD., STE. 1050
 MIAMI FL 33131-2329

2. Principal Place of Business

511 NE 3rd Avenue
 Suite, Apt. #, etc.
 2nd floor

3. Mailing Address

511 NE 3rd Avenue
 Suite, Apt. #, etc.
 2nd floor

City & State

Fr. Lauderdale, FL

City & State

Fr. Lauderdale, FL

4. FEI Number

Applied For
 Not Applicable

Zip

Country

33301

USA

Zip

Country

33301

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, JOSH N ESQ.
 200 S. BISCAYNE BLVD., STE. 1050
 FIRST UNION FINANCIAL CENTER
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: **Josh Bennett**
 Street Address (P.O. Box Number is Not Acceptable): **511 NE 3rd Avenue; 2nd floor**
 City: **Fr. Lauderdale** FL Zip Code: **33301**

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: *Josh Bennett* **Josh Bennett**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: **1/23/00**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ESKRA, PETER	
STREET ADDRESS	200 S. BISCAYNE BLVD., STE. 1050	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESKRA, MIKE II	
STREET ADDRESS	200 S. BISCAYNE BLVD., STE. 1050	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESKRA, MIKE III	
STREET ADDRESS	200 S. BISCAYNE BLVD., STE. 1050	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	VODICKA, SUSAN	
STREET ADDRESS	200 S. BISCAYNE BLVD., STE. 1050	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter Eskra	
STREET ADDRESS	511 NE 3rd Ave; 2nd floor	
CITY-ST-ZIP	Fr. Lauderdale, FL 33301	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Eskra II	
STREET ADDRESS	511 NE 3rd Ave; 2nd floor	
CITY-ST-ZIP	Fr. Lauderdale, FL 33301	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Eskra III	
STREET ADDRESS	511 NE 3rd Ave; 2nd floor	
CITY-ST-ZIP	Fr. Lauderdale, FL 33301	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Vodicka	
STREET ADDRESS	200 S Biscayne Blvd 511 NE 3rd Ave; 2nd floor	
CITY-ST-ZIP	Fr. Lauderdale, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/00

Date

954-468-5551

Daytime Phone #

CR2E034 (9/99)