

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083827

Entity Name: UMA DISTRIBUTORS, LLC**Current Principal Place of Business:**950 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**950 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714**FEI Number:** 26-0770126**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'LEARY, DOTTI
950 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714 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:** DOTTI O'LEARY

01/20/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name PLASTIC MAGEN USA, INC
Address 950 SUNSHINE LANE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title CEO
Name AMAR, ITZHAK
Address 950 SUNSHINE LANE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title CFO
Name YEAGER, CAROL
Address 950 SUNSHINE LANE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VP
Name ZRALLACK, ROBERT
Address 950 SUNSHINE LANE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title SECRETARY
Name O'LEARY, DOTTI
Address 950 SUNSHINE LANE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOTTI O'LEARY

SECRETARY

01/20/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date