2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 572814 W01-23750

1. Entity Name

LINDA PLASTICS of FLORIDA INC

FILED
01 DEC -5 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
14075 SW 48 TERRACE MIAMI, FL 33175	C/O NICIFORO 1800 N ANDREWS AVE #SD FORT LAUDERDALE, FL 33311

2. Principal Place of Business	3. Mailing Address
14075 SW 48 TERRACE	1800 N ANDREWS AVE #SD
Suite, Apt. #, etc.	Suite, Apt. #, etc. C/O NICIFORO #SD
City & State MIAMI FL	City & State FORT LAUDERDALE FL
Zip 33175	Country USA
Zip 33311	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1859024 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: RICCI B NICIFORO Street Address (P.O. Box Number is Not Acceptable): 1800 N ANDREWS AVE SUITE SD City: FORT LAUDERDALE FL Zip Code: 33311

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: RICCI B NICIFORO — RICCI B NICIFORO — 12/3/01

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

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	PRESIDENT GODFREY KAWASS 14075 SW 48 TERRACE MIAMI, FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 99-01
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT IBRAHIM KAWASS 14075 SW 48 TERRACE MIAMI, FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400004739874--4 -12/26/01--01096--019 ****600.00 ****600.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JENNIFER KAWASS 14075 SW 48 TERRACE MIAMI FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400004739874--4 -12/26/01--01096--020 ****450.00 ****450.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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] JENNIFER KAWASS 5/24/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #