

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

02-13-2002 90316 001 ***750.00

DOCUMENT # **830982**
 Entity Name
PLAST, S. A.

Principal Place of Business Mailing Address
7700 N.W. 73 COURT **7700 N.W. 73 COURT**
MEDLEY FL 33168 **MEDLEY FL 33168**



Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

DO NOT WRITE IN THIS SPACE
02-13-02 90316 001 \$150.00

4. FEI Number **52-1036277**
 5. Certificate of Status Desired \$8.75 Additional Fee Required

Applied For Not Applicable

6. Name and Address of Current Registered Agent
MACAU, GASTON
7700 N.W. 73 COURT
MEDLEY FL 33168

7. Name and Address of New Registered Agent
 Name **Ida Valdes**
 Street Address (P.O. Box Number is Not Acceptable)
C/O Varko, Inc
7700 NW 73rd Court
 City **Medley, FL** Zip Code **FL 33166**

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]*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering) DATE

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, 2002 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

OFFICERS AND DIRECTORS		
DP VALDES, IDA 7700 N.W. 73 COURT MEDLEY FL 33168	<input checked="" type="checkbox"/> Delete	
DS SANCHEZ, GUILLERMO 7700 N.W. 73 COURT MEDLEY FL 33168	<input checked="" type="checkbox"/> Delete	
DVP MACAU, GASTON 7700 N.W. 73 COURT MEDLEY FL 33168	<input checked="" type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Maria Elena Anton de Hanze 7700 N.W. 73rd Ct., Medley, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Janet Anton de Hanze 7700 N.W. 73rd Ct., Medley, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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]* **1-29-02**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #