2001 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2001 8:00 am **DOCUMENT # F93038 Secretary of State** PROSPECT PLASTICS, INC. 01-24-2001 90014 005 ***150.00 Principal Place of Business Mailing Address % LAWRENCE MILLION % LAWRENCE MILLION 836 NE 44TH STREET 836 NE 44TH STREET RUUUUUUN OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2259190 Not Applicable Żip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLION, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 836 NE 44TH STREET OAKLAND PARK FL 33334 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DV TITLE ☐ Addition TITLE ☐ Delete ☐ Change MARCIA MILLION NAME NAME STREET ADDRESS STREET ADDRESS 2148 N.E. 56 PLACE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ■ Addition TITLE Delete TITLE Change MILLION, LAWRENCE JR. NAME NAME STREET ADDRESS STREET ADDRESS 836 N.E. 44TH STREET CITY-ST-789 CITY-ST-ZIP OAKLAND PARK FL ___ Change ■ Addition TITLE Delete TITLE MISTY SAMMONS NAME NAME CET NE SOTHET. 469 GOLFVIEW DR. STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33334 NAPLES & 34110 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change ROBERT JENNINGS NAME NAME 431 NE SE COURT STREET ADDRESS STREET ADDRESS FT- LAUDERDAIR FL 33334 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

LAWRence

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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