

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004241

1. Entity Name

AIN PLASTICS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90015 050 ***150.00

Principal Place of Business

Mailing Address

249 EAST SANDFORD BLVD.
MT. VERNON NY 10550
US

17401 MILE RD
EASTPOINTE MI 48021
US

2. Principal Place of Business

3. Mailing Address

400 RENAISSANCE CTR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 1700-TAX DEPT

City & State

City & State

DETROIT MI

Zip

Country

Zip

Country

48243

WAYNE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME S
STREET ADDRESS FUNKE, J
CITY-ST-ZIP 400 RENAISSANCE CTR
DETROIT MI 48243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CFO
STREET ADDRESS KELLEY, MICHAEL
CITY-ST-ZIP 249 EAST SANDFORD BLV D.
MT. VERNON NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS MCCORD, MARK
CITY-ST-ZIP 400 RENAISSANCE CIR #3900
DETROIT MI 48243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *J. Funke*

J. Funke, Secretary 4/19/00

(313) 566-
7443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)