

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005843

1. Entity Name

GENERAL PLASTICS SOUTH CORPORATION

Principal Place of Business

4240 CLUB HOUSE ROAD
HIGHLAND CITY FL 33846
US

Mailing Address

12243 BRANFORD ST.
SUN VALLEY CA 91352-1010

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE DCEO
NAME KAMINS, PHILIP E
STREET ADDRESS 12243 BRANFORD ST.
CITY-ST-ZIP SUN VALLEY CA 91352 ☐ Delete

TITLE DVST
NAME JOHNSON, LORI M
STREET ADDRESS 12243 BRANFORD ST.
CITY-ST-ZIP SUN VALLEY CA 91352 ☐ Delete

TITLE DCFO
NAME CHEONG, T.C.
STREET ADDRESS 12243 BRANFORD ST.
CITY-ST-ZIP SUN VALLEY CA 91352 ☐ Delete

TITLE DP
NAME SCHER, ROBERT
STREET ADDRESS 55 LA FRANCE AVE.
CITY-ST-ZIP BLOOMFIELD NJ 07003 ☐ Delete

TITLE V
NAME KAMINS, GARY
STREET ADDRESS 12243 BRANFORD ST.
CITY-ST-ZIP SUN VALLEY CA 91352 ☒ Delete

TITLE AT
NAME GAMBOA, PETER
STREET ADDRESS 12243 BRANFORD ST.
CITY-ST-ZIP SUN VALLEY CA 91352 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME
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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)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER GAMBOA, ASST. TREASURER

04/07/00

Date

Daytime Phone #

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90070 016 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3473990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required