2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # G27599** May 17, 2000 8:00 am 1. Entity Name **Secretary of State** PLASCO, INC. 05-17-2000 90919 039 ***150.00 Mailing Address Principal Place of Business 16151 NW 57TH AVE. 16151 NW 57TH AVE. MIAMI LAKES FL 33014-6707 MIAMI LAKES FL 33014-6707 US 3. Mailing Address 2. Principal Place of Business ISOI N.W. 163 de Street ISOL W.W. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2272597 FL Not Applicable Miami Miami \$8.75 Additional Country 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent MENDELSON, GEORGE R Street Address (P.O. Box Number is Not Acceptable) 16151 N.W. 57TH AVENUE MIAMI LAKES FL 33014-6707 i am 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Change Addition TITLE ☐ Delete TITLE George Mendelson 1501 N.W. 163 rd Street MENDELSON, GEORGE NAME STREET ADDRESS STREET ADDRESS 16151 NW 57TH AVE CITY-ST-ZIP Miami. FL CITY-ST-ZIP MIAMI LAKES FL Change ☐ Addition ☐ Delete TITLE TITLE NAME HENDERSON, ALAN D STREET ADDRESS STREET ADDRESS 16151 NW 57TH AVE CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI LAKES FL</u> ■ Addition ☐ Delete TITLE TITLE NAME NÀME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

Alan Mendelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO