2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 29, 2000 8:00 am DOCUMENT # G32555 **Secretary of State** PLASTIC AND STEEL RESEARCH, INC. 02-29-2000 90148 015 ***158.75 Mailing Address Principal Place of Business 4690 NW 128 ST RD 4690 NW 128 ST RD OPA LOCKA FL 33054-5130 OPA LOCKA FL 33054-5130 616236 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4.-FEI Number --City & State____ 59-2360223 Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GAMBOA, JANETTE Street Address (P.O. Box Number is Not Acceptable) 4690 N.W. 128 STREET ROAD OPA-LOCKA FL 33054 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME. NAME BLODEK-JORGE G-STREET ADDRESS STREET ADDRESS 1581 BRICKELL AVENUE, #306 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 ☐ Addition ☐ Delete TITLE TITLE NAME GAMBOA, JANESTE GAMBOA, JANETTE NAME 14331 DW B3RD AUE STREET ADDRESS STREET ADDRESS 16105 NW 62 AVE, APT. 121 MIAHI LAUGE, FL 33016 CITY-ST-ZIP CITY-ST-7IP MIAMI LAKES FL 33014 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IB CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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