

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90216 044 ***150.00

DOCUMENT # H42128

1. Entity Name

MICRONIZED FLUOROPOLYMER PRODUCTS, INC.

Principal Place of Business 1055 SOUTHWEST 15TH AVENUE DELRAY BEACH FL 33444-1263	Mailing Address 1055 SOUTHWEST 15TH AVENUE DELRAY BEACH FL 33444-1256
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711107

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2488926**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REICHENBACHER, DIETMAR, R
43301 N. OCEAN BLVD
STE A 1404
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1448 Breakers West Blvd

City **West Palm Bch** FL Zip Code **33411**

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 *Dietmar Reichenbacher* DATE **1/6/00**

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 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 Added to

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RILEY, STEPHEN D.	
STREET ADDRESS	140 MOURNING DOVE DR	
CITY-ST-ZIP	SAUNDERSTOWN RI	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REICHENBACHER, DIETMAR	
STREET ADDRESS	4301 N. OCEAN BLVD #1401A	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VACCARO, ELAINE	
STREET ADDRESS	237 RARITAN ST	
CITY-ST-ZIP	SOUTH AMBOY NJ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	1448 Breakers West Blvd	
CITY-ST-ZIP	West Palm Beach FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dietmar Reichenbacher* DATE **1/06/00** DAYTIME PHONE # **561-26518**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR