

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H50822

1. Entity Name
M & N PLASTICS, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State
04-02-2001 90054 030 ***150.00

Principal Place of Business

2706 S TURKET CREEK RD
PLANT CITY FL 33567
US

Mailing Address

2706 S TURKEY CREEK RD
PLANT CITY FL 33567
US

2. Principal Place of Business

2706 S Turkey Creek Rd
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

4. FEI Number 59-2529324

Applied For

Not Applicable

Zip

33567

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIGLIA, GERALD P, CPA
509 S HYDE PARK AVE
TAMPA FL 33606

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, 2001 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	PST	<input type="checkbox"/> Delete
NAME	IVONIS MAZZAROLO	
STREET ADDRESS	21919 CHEMIN DUMBERRY	
CITY-ST-ZIP	VAUDREUIL, QUE	
TITLE	M	<input type="checkbox"/> Delete
NAME	MAZZAROLO, UGO	
STREET ADDRESS	2706 S TURKEY CREEK RD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)