

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K52331

1. Entity Name
RIGAL PLASTICS, INC.

Principal Place of Business

2665 S. BAYSHORE DR.
SUITE 801
MIAMI FL 33133-5401

Mailing Address

2665 S. BAYSHORE DR.
SUITE 801
MIAMI FL 33133-5401

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

CALLEJAS, MARIA C
2665 SOUTH BAYSHORE DRIVE
8TH FLOOR
MIAMI FL 33133-2401

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, 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

TITLE NAME ☐ Delete
D POWELL, EARL W
STREET ADDRESS 2665 S. BAYSHORE DR.
CITY-ST-ZIP MIAMI FL

TITLE NAME ☐ Delete
D GEORGE, PHILLIP T.
STREET ADDRESS 2665 S BAYSHORE DR, 8 FLR
CITY-ST-ZIP MIAMI, FL 33133

TITLE NAME ☐ Delete
S KUFFNER, MARILYN D
STREET ADDRESS 2665 S BAYSHORE DR.
CITY-ST-ZIP MIAMI FL

TITLE NAME ☐ Delete
D BOVA, ANTHONY F
STREET ADDRESS 1870 THE EXCHANGE SUITE 200
CITY-ST-ZIP ATLANTA GA

TITLE NAME ☐ Delete
CEOP BOCA, ANTHONY F
STREET ADDRESS 1870 THE EXCHANGE SUITE 200
CITY-ST-ZIP ATLANTA GA

TITLE NAME ☒ Delete
EVP RUDOVSKY, PAUL
STREET ADDRESS 1870 THE EXCHANGE SUITE 200
CITY-ST-ZIP ATLANTA GA

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition
VP PAUL G. SAARI
STREET ADDRESS 1870 THE EXCHANGE Ste 200
CITY-ST-ZIP ATLANTA GA 30339

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

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

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

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

TITLE NAME ☐ 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)(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 #

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90024 023 ***150.00

910910



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0097183

Applied For

Not Applicable

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

CR2E034 (10/00)