

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K52331

FILED
Mar 20, 2003
Secretary of State

Entity Name: RIGAL PLASTICS, INC.

Current Principal Place of Business:

2665 S. BAYSHORE DR.
SUITE 801
MIAMI, FL 33135401

New Principal Place of Business:

Current Mailing Address:

2665 S. BAYSHORE DR.
SUITE 801
MIAMI, FL 33135401

New Mailing Address:

2665 S. BAYSHORE DR.
SUITE 800
MIAMI, FL 33133

FEI Number: 65-0097183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLEJAS, MARIA C
2665 SOUTH BAYSHORE DRIVE
8TH FLOOR
MIAMI, FL 33132401 US

Name and Address of New Registered Agent:

GERSHMAN, DAVID
2665 SOUTH BAYSHORE DRIVE
STE 800
MIAMI, FL 33133 US

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: DAVID GERSHMAN

03/20/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POWELL, EARL W
Address: 2665 S. BAYSHORE DR. STE 800
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: GEORGE, PHILLIP T.,
Address: 2601 SO BAYSHORE DR STE 725
City-St-Zip: MIAMI, FL 33133

Title: S () Delete
Name: KUFFNER, MARILYN D
Address: 2665 S BAYSHORE DR. STE 800
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: BOVA, ANTHONY F
Address: 1870 THE EXCHANGE SUITE 200
City-St-Zip: ATLANTA, GA 30339

Title: CEOP () Delete
Name: BOCA, ANTHONY F
Address: 1870 THE EXCHANGE SUITE 200
City-St-Zip: ATLANTA, GA 30339

Title: VP () Delete
Name: SAARI, PAUL G
Address: 1870 THE EXCHANGE SUITE 200
City-St-Zip: ATLANTA, GA 30339

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KUFFNER, MARILYN D
Address: 2665 S BAYSHORE DR. STE 800
City-St-Zip: MIAMI, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN D, KUFFNER

S

03/20/2003

Electronic Signature of Signing Officer or Director

Date