

# 2000 UNIFORM BUSINESS REPORT (UBR)

0010708 AF

DOCUMENT # L95000000854

1. Entity Name  
PLASTICOS DE LAS AMERICAS, L.C.

FILED  
00 JAN 13 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

421/20

Principal Place of Business  
9752 SW SANTA MONICA DRIVE  
PALM CITY FL 34990

Mailing Address  
9752 SW SANTA MONICA DRIVE  
PALM CITY FL 34990-5909



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0618566

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWEIGER, ROBERT  
9752 SW SANTA MONICA DRIVE  
PALM CITY FL 34990

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CALLARI, JAMES  
355 PARK AVENUE  
NEW YORK NY 10010

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ASHE, DAVID  
901 PONCE DE LEON BLVD STE 901  
CORAL GABLES FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500003105635-06  
-01/21/00--01010--022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SCHWEIGER, ROBERT  
9752 SW SANTA MONICA DRIVE  
PALM CITY FL 34990

TITLE  
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CITY-ST-ZIP  
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

561-  
1/7/00 597-6624

CR2E083 (9/99)