

2001 UNIFORM BUSINESS REPORT (UBR)

0023548 AF

DOCUMENT # **L95000000854**

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

FILED

01 JAN 17 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

Mailing Address
**9752 SW SANTA MONICA DRIVE
PALM CITY FL 34990**

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**

**000003576340--8
-01/26/01--01047--001
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CALLARI, JAMES
855 PARK AVENUE
NEW YORK NY 10010-10018**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1372 Broadway Ste 1403
Zip 10018**

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
Chairman

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Robert Binkfield
9752 SW Santa Monica Drive
Palm City, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Robert Schweiger 1/10/09

**561 597
6664**

CR2E083 (11/00)