1/12/2000 (401) 295 1386 Daytime Phone #

## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

DOCUMENT # L9900002965  1. Entity Name							i	FILED		i
INTERNATIONAL INDUSTRIAL PLASTICS, L.C.						00 FEB -3 PM 4: 13				
							OOLFR -	-3 PM L	+: 13	
Principal Plac		Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
1606 JEFFERS MIAMI BEACH	on avenue. Unit 7B Fl. 33139	120 MAIN STREET WICKFORD RI 02852-5033	_			TALLAHASSEE, FLORIDA				
						1 4 <b>00.</b> 000	<b>88</b> 161 <b>88</b> 111 <b>88</b> 116 1		OKRI BIN IBRI	
2. Principal P	Place of Business	3. Mailing Address								
364 NE 80th STREET			Duite Add H			PO MOT WESTER IN THIS OPPOS				
Suité, Apt.	#, etc.	Suite, Apt. #, etc.	Jile, Apr. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State	ity & State			4. FEI Number   Applied For   Not Applied For   Not Applicable				
Zip Country Zi		Zip	ip Country			5 Contitions of Status Position   \$5.00 Additional				
33138	6. Name and Address of Current F	egistered Agent				ne and Address of Nev		Fee Required	d —	-
Nar										
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE				Street Address (P.O. Box Number is Not Acceptable)						
CORAL GABLES FL 33134										1
••••		City				FL	Zip Code	e		
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or	registered agent	, or both, in the State of	Florida.			7
SIGNATURE .	Signature, typed or printed name of registered agent ar	d title if applicable. (NOT)	E. Ragistere	d Agent signatu	re required when reinst	ating)	DATE			
		Make Check Pa		FEE IS \$ o Departr						
9.	MANAGING MEMBE	RS/MEMBERS  Detecto	10. TITU	. 1		ADDITION	IS/CHANGES	∑ Change	Addition	-
TITLE MAME	LAHNER, ROBERT G		MARI	-	<b>.</b>			<b>,,,</b>	<u> </u>	ç
STREET ADDRESS CITY-ST-ZIP	1606 JEFFERSON AVENUE, UNIT MIAMI BEACH FL 33139	7B		ET ADDRESS - ST-ZIP	364 N M(AM	IE 80th STR	EET			Ž
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CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY	- 81 - 25P	MIAN	E 80th STR	38			]
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NAME STREET ADDRESS			NAM STRE	ET ADDRESS		$\mathcal{M}$				
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NAME		Deleta	TITL	1				Change	Addition	
STREET ACCRESS				ET ADDRESS - ST- ZIP						
III. I hereby o	certify that the information supplied with	this filing does not qualify for	r the exe	motion stat	ed in Section 11	0.07(3)(i), Florida Statute	s. I further ce	rtify that the in	nformation	7
indicated	on this report is true and accurate and to ability company or the receiver or trustee	hat my signature shall have.	the same	s legal effec	ct as if made und	er oath: that I am a mai	naging membe	er or manage	r of the	