

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94000000167

1. Entity Name

ESSEX PLASTICS MIDWEST, LLC, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 11:57

Principal Place of Business

1105 VISCO DRIVE
NASHVILLE TN 37210

Mailing Address

P.O. BOX 2308
POMPANO BCH FL 33061-2308



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 59-3273183

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

ESSEX PLASTICS, INC.
1531 N.W. 12TH AVENUE
POMPANO BEACH FL 33069

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 MGRM STRUL, AUBREY M ☐ Delete
STREET ADDRESS 1531 N.W. 12TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *2/3/21/00*
CITY-ST-ZIP

TITLE NAME MGRM TEO, ALFRED ☐ Delete
STREET ADDRESS 1531 N.W. 12TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33069

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

TITLE NAME MGRM FRIEDMAN, IRWIN ☐ Delete
STREET ADDRESS 1531 N.W. 12TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500003180965-03/22/00-01119-006
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME MGRM STRUL, HAROLD ☐ Delete
STREET ADDRESS 1531 N.W. 12TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33069

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/99)