

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90005 004 ***150.00

DOCUMENT # P00000004590

1. Entity Name

PLASTER PARADISE, INC.

Principal Place of Business

6366 LONGBOAT LANE G101
 BOCA RATON FL 33433

Mailing Address

6366 LONGBOAT LANE G101
 BOCA RATON FL 33433

A0012247



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9638 Pines Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

05-0971829

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUESTA, KATHLEEN G
 6366 LONGBOAT LANE G101
 BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name: Cuesta, Kathleen
 Street Address (P.O. Box Number is Not Acceptable): 9638 Pines Blvd.

City: Pembroke Pines

FL

Zip Code: 33024

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

Kathleen Gamelin Cuesta

January 19, 2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President
 NAME: Kathleen G. Cuesta
 STREET ADDRESS: 9638 Pines Blvd.
 CITY-ST-ZIP: Pembroke Pines FL 33024

☐ Delete

TITLE:
 NAME:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. 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 or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen Gamelin Cuesta

January 19, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

954.447.2446

CR2E034 (10/00)