

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90527 003 ***150.00

DOCUMENT # P00000021709

1. Entity Name

COROPLAST USA, INC.

Principal Place of Business

**7525 WEST 19TH COURT
HIALEAH FL 33014**

Mailing Address

**7525 WEST 19TH COURT
HIALEAH FL 33014**

2. Principal Place of Business

995 SILK TREE LN.

3. Mailing Address

995 SILK TREE LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FL.

City & State

WESTON, FL.

4. FEI Number

65-0989703

Applied For

Not Applicable

Zip

33327

Country

Zip

33327

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAW FIRM OF MANFRED ROSEOW, P.A.
2425 CORAL WAY
MIAMI FL 33145**

7. Name and Address of New Registered Agent

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

FEB 19 / 01

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 **PVST** ☐ Delete
NAME **CORTES, MAURICIO**
STREET ADDRESS **4416 MAGNOLIA RIDGE DRIVE**
CITY-ST-ZIP **WESTON FL 33331**

TITLE **D** ☒ Delete
NAME **CORTES, MAURICIO**
STREET ADDRESS **4416 MAGNOLIA RIDGE DRIVE**
CITY-ST-ZIP **WESTON FL 33331**

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MAURICIO CORTES** ☒ Change ☐ Addition
NAME **995 SILK TREE LANE**
STREET ADDRESS **WESTON, FL. 33327**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 19 / 01

Date

Daytime Phone #

CR2E034 (10/00)