

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 11 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 000 000 42473

1. Entity Name

Plastic Design Trade Corporation



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
11893 NW 27th Street

3. Mailing Address  
ALMHOEHE 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Coral Springs FLA

City & State  
DURBACH

4. FEI Number 593647121

Applied For  
Not Applicable

Zip  
33065

Country  
USA

Zip  
77770

Country  
GERMANY

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name RIEDI CLAUDIO

Street Address (P.O. Box Number is Not Acceptable)

7700 N KENDALL DRIVE SUITE 303

City MIAMI

FL

Zip Code  
33156

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.T.S  
WAGNER, ARMIN  
ALMHOEHE 2, DURBACH/GERMANY 77770

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500021942025  
08/05/03--01056--003 \*\*\$50.00

TITLE  
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CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP  
500021942025  
09/11/03--01056--003 \*\*\$50.00

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Armin Wagner*

ARMIN WAGNER

JULY 16th 03 +497819482849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

21 9/12