

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90047 048 ***150.00

DOCUMENT # P00000056288

1. Entity Name

PLINTEC, INC.

Principal Place of Business

**9312 NW 13 STREET NO. 7
MIAMI FL 33172**

Mailing Address

**9312 NW 13 STREET NO. 7
MIAMI FL 33172**

2. Principal Place of Business

8310 N.W.10th Street #J-8

3. Mailing Address

Suite, Apt. #, etc.

J-8

City & State

Miami, FL 33126

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1017898

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****LOPEZ, CLAUDIA****9312 NW 13 STREET NO. 7****MIAMI FL 33172****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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MURILLO, LIBIA**
CITY-ST-ZIP **CALLE 26 NO. 13-A-23 OFICINA 701
SANTA FE DE BOGOTA, COLOMBIA**TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **NARANJO, PLINIO**
CITY-ST-ZIP **CALLE 26 NO. 13-A-23 OFICINA 701
SANTA FE DE BOGOTA, COLOMBIA**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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: Claudia Lopez, Agent. 4/29/02 (305) 269-3970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)