02/02/2003 14:52 FAX 6658849 AGROPLAST LTDA

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Secretary of State
05-01-2002 91563 033 ***150.00

642878

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000062171

1. Entity Name:
NYPlast, Inc.

2. Principal Place of Business:
7504 MUTING AVENUE
Suite, Apt. #, etc.:
City & State:
MIAMI FLORIDA
Zip:
Country:
USA

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1034110
Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent:
Name: MARIA HELENA LONDOÑO RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable): 6536 Grosvenor
LANE
City: ORLANDO
FL
Zip Code: 32835

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 of new registered agent (if applicable) | Name of New Registered Agent (Typed or Printed) | DATE

9. This corporation is eligible to satisfy its intangible tax filing requirements with its annual report. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS:

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NIPLAT IN 7504 MUTING AVENUE MIAMI FLORIDA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 electronic 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 above or on an attachment with an address, with blanks filled.

SIGNATURE:
Signature of New Principal Officer or Director | Date | Daytime Phone #

CR2E036 (12/01)