

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90031 047 \*\*\*150.00

0495033 AV

**DOCUMENT # P00000086636**

1. Entity Name  
**PLAN-CO INTERNATIONAL, CORP**

Principal Place of Business <del>19017 BIRCH RD</del> <del>FORT MYERS FL 33912</del> <b>250 SE AA ST</b> <b>CAPE CORAL FL 33904</b>	Mailing Address <del>19017 BIRCH RD</del> <del>FORT MYERS FL 33912</del> <b>250 SE AA ST</b> <b>CAPE CORAL FL 33904</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-1039931</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ARROYO, IVAN**  
**19017 BIRCH RD**  
**FORT MYERS FL 33912**

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 \_\_\_\_\_ (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.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>ARROYO, IVAN</b> <b>19017 BIRCH RD</b> <b>FORT MYERS FL 33912</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>BARRIOS, JORGE LUIS</b> <b>19017 BIRCH RD</b> <b>FORT MYERS FL 33912</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>RAMOS, CAROLA</b> <b>19017 BIRCH RD</b> <b>FORT MYERS FL 33912</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>ARROYO IVAN</b> <b>19017 BIRCH RD</b> <b>FORT MYERS 33912</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>BARRIOS JORGE LUIS</b> <b>250 SE AA ST</b> <b>CAPE CORAL FL 33904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>RAMOS CAROLA</b> <b>250 SE AA ST</b> <b>CAPE CORAL FL 33904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: Jorge Barrios  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 21/02 9419405216  
 Date Daytime Phone #

CR2E034 (9/01)