

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2003 8:00 am**  
**Secretary of State**

07-07-2003 90137 032 \*\*\*550.00

0161698 FP

**DOCUMENT # P00000090676**

1. Entity Name  
**PLINCO U.S.A., INC.**



Principal Place of Business  
**1250 E. HALLANDALE BLVD.**  
**1006**  
**HALLANDALE FL 33009**

Mailing Address  
**1250 E. HALLANDALE BLVD.**  
**1006**  
**HALLANDALE FL 33009**



2. Principal Place of Business

**1250 E. Hallandale Blvd**

3. Mailing Address

**1250 E. Hallandale Blvd**

Suite, Apt. #, etc.

**903**

Suite, Apt. #, etc.

**903**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Hallandale FL**

City & State  
**Hallandale FL**

4. FEI Number **65-1051120**

Applied For  
☐ Not Applicable

Zip  
**33009**

Country  
**USA**

Zip  
**33009**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**GRIMBERG, ISAAC**  
**3530 MYSTIC POINT DRIVE #1215**  
**AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **Isaac Grimmer**  
Street Address (P.O. Box Number is Not Acceptable)

**21055 Yacht Club Dr #1410**

City **Aventura**

FL

Zip Code **33180**

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

(NOTE: Registered Agent signature required when reinstating)

**3/7/03**  
DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **GRIMBERG, ISAAC**  
STREET ADDRESS **3530 MYSTLE POINT DR., #1215**  
CITY-ST-ZIP **AVENTURA FL 33180**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Isaac Grimmer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/03**  
Date  
**954-483272**  
Daytime Phone #

CR2E034 (4/03)