FROM :ADGOOB BOE BTTPDJBWFJ FAX NO. :3051234567

**FILED**
**May 14, 2002 8:00 am**
**Secretary of State**
05-14-2002 90448 036 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

658815

DOCUMENT # P00000108878

1. Entity Name
TECHNOPLASTIC, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15919 NW 49 AVE
Suite, Apt. #, etc.
City & State
HIALEAH
Zip 33014 Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip 33014 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65 1058248 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name VILLANUEVA, ANGEL
Street Address (P.O. Box Number is Not Acceptable) 22301 SW 66 AVE 212
City BOCA RATON FL
FL Zip Code 33428

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 Angel Villanueva
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing agent.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 | VILLANUEVA, ANGEL, P<br>22301 SW 66 AVE 212<br>BOCA RATON FL 33428 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PUELLO, ARIEL, V.P.<br>16820 NW 52 AVE<br>MIAMI, FLA 33055 |
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Angel Villanueva