


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Oct 31, 2003 8:00 A.M.
Secretary of State

DOCUMENT # P00000117657	
1. Entity Name Induplast Miami, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4632 NW 114th Ave Suite, Apt. #, etc. 809		3. Mailing Address Suite, Apt. #, etc.	
City & State MIAMI, FL 331		City & State	
Zip 33178	Country USA	Zip	Country

REINSTATEMENT 03
WOP

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number 65-1131486		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
7. Name and Address of Current Registered Agent		
Name TAMMY PEREZ		
Street Address (P.O. Box Number is Not Acceptable) 1005 W 17ct		
City HIKALEAH	FL	Zip Code 33014

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 <i>Tammy Perez</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.75 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERNANDO CALVO 4632 NW 114th Ave MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300024408623 09/16/03-001034--007 **35.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARLOS IMAZIO 1862 SW 124 PL MIAMI, FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300024408623 11/04/03--01021--001 **123.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300024408623 09/16/03-001034--007 **35.00
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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 on an attachment with an address with all other like empowered.	
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 10-27-03 <small>Daytime Phone #</small>

CR2E034B (12/02)

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