Mar. 5. 2002 6:42PM T CORPORATION

UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90463 015 ***150.00

DOCUMENT # P01000005332

1. Entity Name
PLASCAN CORPORATION

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE 832436

2. Principal Place of Business	3. Mailing Address
520 Brickell Key Drive	520 Brickell Key Drive
Suite, Apt. #, etc. Suite 305	Suite, Apt. #, etc. Suite 305
City & State Miami, FL	City & State Miami, FL
Zip 33131 Country U.S.	Zip 33131 Country U.S.

4. FEI Number 52-2293940 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Transglobal Corporate Administration

Street Address (P.O. Box Number is Not Acceptable): 520 Brickell Key Drive Suite 305

City: Miami FL Zip Code: 33131

6. 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, typed or printed name of registered agent and title if applicable. (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. (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	D
NAME	Hamilton Gooding, Alexander
STREET ADDRESS	520 Brickell Key Drive, Suite 305
CITY-ST-ZIP	Miami, FL 33131
TITLE	D
NAME	Eduardo Rossi, Gabriel
STREET ADDRESS	520 Brickell Key Drive, Suite 305
CITY-ST-ZIP	Miami, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 03.07.02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Courtesy Photo #