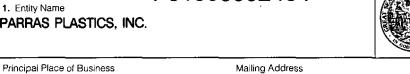
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P01000052404 **DOCUMENT #**

**SIGNATURE:** 

PARRAS PLASTICS, INC.





03-28-2003 90085 001 \*\*\*158.75

14953 SW 65 TERRACE MIAMI FL 33193		14953 SW 65 TERRACE MIAMI FL 33193							
2. Principal Place 13894 5 Suite, Apt. #, et	W 139CT	3. Mailing Address 138945w Suite, Apt. #, etc.	13907			ECK-HERE FF			
Н						TOK HERE IF I	MAKING CHA	ANGES	
City & State	i Florida	City & State  HIAMI	Florid	a	4. FEI Number 31-	1775205			plied For t Applicable
33180	Country	33186	Country Dade		5. Certificate of Statu	s Desired		<b>75</b> Add Required	
6	. Name and Address of Current R	egistered Agent			7. Name and Addres	s of New Regi	stered Agen	t	
PARRA, OSQU	• .		Name Street Ad	dress (P.0	. Box Number is Not	Acceptable)			
14953 SW 65	TERRACE '			· · · ·	<u> </u>				
MIAMI FL 3319	)3				1				
			City		i		FL 2	Zip Code	)
	ed entity submits this statement for of registered agent.	he purpose of changing its	registered office or	registered	l'agent, or both, in the	State of Florida	a. I am famili	ar with, a	and accept
	ture, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent signatu	re required wh	nen reinstating)		DATE		
FILF+	NOW!!!FEE-IS-\$150,00						25.2		
After May	y 1, 2003 Fee will be \$550.00 vable to Florida Department of	State		7		ampaign:Financ Contribution.	cing 🔲		May Be to Fees
10.	OFFICERS AND D	IRECTORS	11,		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIR	ECTORS	IN 11
NAME OSC	presidente DUEL, PARRA 53 SW 65 TERRACE	☐ Delete	TITLE NAME STREET ADDRESS	Oulie	presidente I parra 145W 139			Change	Z Kodition
	MI FL 33193		CITY-ST-ZIP		Mi Florida				
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		 			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		- +	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP					Change .	Addition

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 eath; 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.