

P02000012455

(Requestor's Name)

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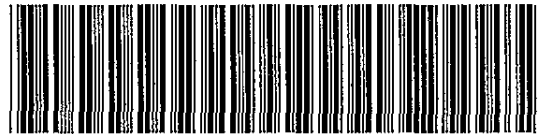
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RoToPlastics (U.S.A.), INC.  
(Name of corporation)

**DOCUMENT NUMBER:** PO2000012455

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN L. Scheckner CPA  
(Name of person)

MARTIN L. Scheckner CPA PA  
(Name of firm/company)

1110 BRICKELL AVE #510  
(Address)

MIAMI FL 33131  
(City/state and zip code)

For further information concerning this matter, please call:

MARTIN L. Scheckner at ( 305 ) 379 0603  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,  
this statement of change is submitted for a corporation organized under the laws of the State of  
FLORIDA in order to change its registered office or registered agent, or both, in the State  
of Florida.

1. The name of the corporation: ROTOPLASTICS (U.S.A.), INC.
2. The principal office address: PO BOX 143549 CORAL GABLES, FL 33114
3. The mailing address (if different): c/o Scheckner CPA 1110 BRICKELL AVE #510  
MIAMI, FL 33131
4. Date of incorporation/qualification: 2/1/02 Document number: PO2000012455
5. The name and street address of the current registered agent and registered office on file with  
Florida Department of State:  
FILINGS, INC.  
3732 N.W. 16th ST.  
FT. LAUDERDALE, FL. 33311-4132
6. The name and street address of the new registered agent (if changed) and /or registered office (if  
changed):  
Rebecca Ross c/o M. Scheckner CPA  
1110 BRICKELL AVE #510  
(P.O. Box or personal mailbox NOT acceptable)  
MIAMI FL 33131

The street address of its registered office and the street address of the business office of its registered  
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer, chairman or vice chairman of the board)

Rebecca Ross, DIRECTOR  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties, and I am familiar with and accept the obligation of my position as  
registered agent. Or, if this document is being filed merely to reflect a change in the registered  
office address, I hereby confirm that the corporation has been notified in writing of this change.*

\_\_\_\_\_  
(Signature of Registered Agent)

\_\_\_\_\_  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

DIRECTOR  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314