FILED
Aug 15, 2003 8:00 am
Secretary of State
07-28-2003 90151 038 ***150.00

55054241

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000012455

1. Entity Name
ROTOPLASTICS (U.S.A.), INC.

Principal Place of Business	Mailing Address
910 WEST AVENUE #500 MIAMI BEACH, FL 33159	910 WEST AVENUE #500 MIAMI BEACH, FL 33159

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
PO BOX 143549	c/o M Scheckner 1110 Brickell Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. 510
City & State: CORAL GABLES FL	City & State: MIAMI FL
Zip: 33114 Country: USA	Zip: 33131 Country: USA

4. FEI Number: 01-0618003 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132	Name: Rebecca Ross; Street Address (P.O. Box Number Is Not Acceptable): c/o M Scheckner CPA 1110 Brickell ave #510; City: MIAMI FL Zip Code: 33131

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: R Ross 8.12.03
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	D ☑ Change ☐ Addition
NAME	ROSS, RALPH	NAME	Ross, Ralph
STREET ADDRESS	910 WEST AVENUE #600	STREET ADDRESS	c/o Scheckner 1110 Brickell Ave #510
CITY-ST-ZIP	MIAMI BEACH, FL 33169	CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME	ROSS, REBECCA	NAME	Ross, Rebecca
STREET ADDRESS	910 WEST AVENUE #600	STREET ADDRESS	c/o Scheckner 1110 Brickell ave #510
CITY-ST-ZIP	MIAMI BEACH, FL 33169	CITY-ST-ZIP	MIAMI, FL 33131
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R Ross 7/20/03 (786) 443 3806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/02)