## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 28, 2002 8:00 am § Secretary of State **DOCUMENT #** P33396 1. Entity Name SHER PLASTICS CO., INC. 05-28-2002 91614 045 \*\*\*150 00 Principal Place of Business Mailing Address 462 7TH AVENUE 462 7TH AVENUE 12TH FLOOR 12TH FLOOR NEW YORK NY 10018 NEW YORK NY 10018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4.-FEI Number Applied For 13-1533776 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRUBER, CARRIE Street Address (P.O. Box Number is Not Acceptable) 11085 86TH STREET NORTH LAKE PARK FL 3341 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 TITLE ☐ Delete TITLE ☐ Addition NAME SHER, RICHARD NAME STREET ADDRESS 405 E. 63RD ST. APT. 2E STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME GRUBER, CARRIE NAME STREET ADDRESS 11085-86TH-ST .--STREET ADDRESS. CITY-ST-7IP CITY-ST-ZIP N. LAKE PARK FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SHER, ALAN NAME STREET ADDRESS STREET ADDRESS 5280 N. OCEAN DR. CITY-ST-ZIP SINGER ISLAND FL 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-7IP CITY-ST-ZIP 13. Thereby 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 empoyeded to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: VURE AND TYPED OR PRINTED NAME OF SIG SIGN

of the corporation or the receiver or trustee empo-changed or on an attachment with an address w