

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000009157

1. Entity Name

ADVANCE PLASTICS UNLIMITED, INC.

Principal Place of Business

Mailing Address

905 WEST 19TH STREET
HIALEAH FL 33015

905 WEST 19TH STREET
HIALEAH FL 33010-2308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WEIL, MURRAY B JR
1666 79TH STREET CAUSEWAY.
SUITE 608
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
KOLKER, ABRAHAM
905 WEST 19TH STREET
HIALEAH FL 33015

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
KOLKER, ELENA
905 WEST 19TH STREET
HIALEAH FL 33015

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
WEIL, MURRAY B JR
1666 79TH STREET CSWY, SUITE 608
MIAMI BEACH FL 33141

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

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☐ Change ☐

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 Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

Abraham Kolker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X3/13/00-3058856266
Daytime Phone #

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90095 001 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0463004**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required