

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000009157

1. Entity Name
ADVANCE PLASTICS UNLIMITED, INC.



Principal Place of Business
905 WEST 19TH STREET
HIALEAH, FL 33015

Mailing Address
905 WEST 19TH STREET
HIALEAH, FL 33015

DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0463004

Applied For
Not Applicable

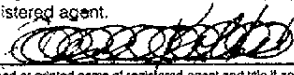
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 
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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000077392
03/05/04-80041-001 150.00

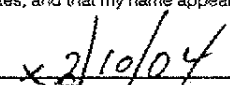
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOLKER, ABRAHAM
STREET ADDRESS	905 WEST 19TH STREET
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	STD
NAME	KOLKER, ELENA
STREET ADDRESS	905 WEST 19TH STREET
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	SD
NAME	WEIL, MURRAY B JR
STREET ADDRESS	1666 79TH STREET CSWY, SUITE 608
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


DATE

Daytime Phone #