

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90107 028 \*\*\*150.00

**DOCUMENT # P96000062050**

1. Entity Name

**EUROPLAST, INC.**

Principal Place of Business

Mailing Address

2132 WEST 62ND STREET  
 HIALEAH FL 33016

2132 WEST 62ND STREET  
 HIALEAH FL 33016-2614

2. Principal Place of Business

2201 W. 76 Street

3. Mailing Address

2201 W. 76 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, Fl

City & State

Hialeah, Fl

4. FEI Number

65-0684607

Applied For

Not Applicable

Zip

33016

Country

USA

Zip

33016

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BALLERINI, FRANCO**  
 2132 WEST 62ND STREET  
 HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name  
**Ballerini, Franco**  
 Street Address (P.O. Box Number is Not Acceptable)  
 2201 W. 76 Street  
 City **Hialeah** **FL** Zip Code **33016**

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          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>BALLARINI, FRANCO</b>     |                                 |
| STREET ADDRESS | <b>2132 WEST 62ND STREET</b> |                                 |
| CITY-ST-ZIP    | <b>HIALEAH FL</b>            |                                 |
| TITLE          | <b>VP</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>CORVO, VICTOR M</b>       |                                 |
| STREET ADDRESS | <b>2132 WEST 62ND STREET</b> |                                 |
| CITY-ST-ZIP    | <b>HIALEAH FL</b>            |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | <b>D</b>                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Ballarini, Franco</b> |  |
| STREET ADDRESS | <b>2201 W. 76 Street</b> |  |
| CITY-ST-ZIP    | <b>Hialeah, Fl 33016</b> |  |
| TITLE          | <b>VP</b>                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Corvo, Victor M</b>   |  |
| STREET ADDRESS | <b>2201 W. 76 Street</b> |  |
| CITY-ST-ZIP    | <b>Hialeah, Fl 33016</b> |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

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

SIGNATURE: *[Signature]* **FRANCO BALLARINI** **Ballarini** 1/24/00 305-826-1434  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #