

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90415 015 \*\*\*150.00

**DOCUMENT # P97000057814**



1. Entity Name  
**PENTA CHEMICAL AND PLASTIC (USA) CORP.**

Principal Place of Business  
**200 S BISCAYNE BLVD., 4100 FL  
MIAMI FL 33131**

Mailing Address  
**200 S BISCAYNE BLVD., 4100 FL  
MIAMI FL 33131**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-0812021**

Applied For  
☐ Not Applicable

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

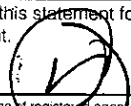
6. Name and Address of Current Registered Agent

**RJVF CORPORATE SERVICES, INC.  
200 SOUTH BISCAYNE BLVD. 41ST FL  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

*Corporate International Registered Agents, Inc.*  
Street Address (P.O. Box Number is Not Acceptable)  
**200 S. Biscayne Blvd.,**  
**Ste # 4100**  
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   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/24/03**

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PDS</b>			
	<b>ESPINOSA, HEBERTO</b>			
	<b>3804 ALHAMBRA CIRCLE</b>			
	<b>CORAL GABLES FL 33134</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:**

  
**NOTARISE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/5/03**

Date

Daytime Phone #

CR2E034 (10/02)