

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

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90110 002 \*\*\*150.00

DOCUMENT # **P 97000076118**

1. Entity Name

**Noor Plast Houseware, Inc**



**DO NOT WRITE IN THIS SPACE**

**10057598**

2. Principal Place of Business

**20600 NW 47th Ave**

Suite, Apt. #, etc.

3. Mailing Address

**20600 NW 47th Ave**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Miami, FL**

City & State

4. FEI Number

**65-0779855**

Applied For

Not Applicable

Zip

**33055**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Moshe Daniel**

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

**20600 NW 47th Ave**

City

**Miami**

FL

Zip Code

**33055**

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE	<b>Pres</b>
NAME	<b>Moshe Daniel</b>
STREET ADDRESS	<b>1233 NW 12th Drive</b>
CITY-ST-ZIP	<b>SUNRISE, FL 33323</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>VP</b>
NAME	<b>Issac Daniel</b>
STREET ADDRESS	<b>13001 SW 19th Drive</b>
CITY-ST-ZIP	<b>Miramar, FL 33027</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>S/Treas</b>
NAME	<b>Abraham Daniel</b>
STREET ADDRESS	<b>20600 NW 47th Ave</b>
CITY-ST-ZIP	<b>Miami, FL 33055</b>
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE  
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 on an attachment with an address, with all other fee empowered.

SIGNATURE:

**Moshe Daniel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)