FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 11, 2002 8:00 am DOCUMENT # P97000094280 **Secretary of State** 1. Entity Name 02-11-2002 90082 041 \*\*\*150.00 UNIPLAS CORPORATION Principal Place of Business Mailing Address 235 HUNT CLUB BLVD 235 HUNT CLUB BLVD STE 201 STE 201 LONGWOOD FL 32779 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2700946 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IANDQLI, RAYMOND Street Address (P.O. Box Number is Not Acceptable) 104 GOLF CLUB DR. LONGWOOD FL 32779 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)TITLE ☐ Delete ☐ Change ☐ Addition NAME IRAWAN, GAWAIN NAME STREET ADDRESS 132 JOO SENG ROAD, UNIPLAS BLDG, NO. 0801 CR2E034 STREET ADDRESS CITY-ST-ZIP SINGAPORE 36858 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME IANDOLI, RAYMOND NAME STREET ADDRESS 104 GOLF CLUB DR. STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address

D OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

with alhother like empowered

407-788-1699