2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016137

1. Entity Name

CINCINNATI PLASTIC MACHINERY, CORP.

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90040 025 ***150.00

Principal Place of Business	Mailing Address
780 N.W. 42ND AVE. SUITE 621 MIAMI FL 33126	780 N.W. 42ND AVE SUITE 621 MIAMI FL 33126-5538

DO NOT WRITE IN THIS SPACE

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 65-0816021 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REMECZ, JOSE A
1072 CABLE N.W.
PALM BAY FL 32905-6069

7. Name and Address of New Registered Agent

Name

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

City FL 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 ______________________________ 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	D	☐ Delete
NAME	REMECZ, JOSE A	
STREET ADDRESS	1072 CABLE LANE N.E.	
CITY-ST-ZIP	PALM BAY FL 32905-6069	
TITLE	D	☐ Delete
NAME	BALLASCH, FEYRA K	
STREET ADDRESS	P.O. BOX 402 ESTADO DE MEXICO	
CITY-ST-ZIP	MEXICO CP 53102	
TITLE	D	☐ Delete
NAME	REMECZ, ESTEBAN	
STREET ADDRESS	P.O. BOX 402 ESTADO DE MEXICO	
CITY-ST-ZIP	MEXICO CP 53102	
TITLE	D	☐ Delete
NAME	REMECZ, HEIKO	
STREET ADDRESS	P.O. BOX 402 ESTADO DE MEXICO	
CITY-ST-ZIP	MEXICO CP 53102	
TITLE	S	☐ Delete
NAME	DIAZ, LAZARO R	
STREET ADDRESS	780 NW 42 AVE STE 621	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ 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: X José A. Remecz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #