

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015923

1. Entity Name  
PLAS-CHEM EXPORT INC.

Principal Place of Business  
20541 S.W. 2ND STREET  
PEMBROKE PINES FL 33029

Mailing Address  
20541 S.W. 2ND STREET  
PEMBROKE PINES FL 33029

2. Principal Place of Business

11117 WEST OKEECHOBEE RD

3. Mailing Address

11117 WEST OKEECHOBEE RD

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

HIWALEAH GARDENS FLORIDA

City & State

HIWALEAH GARDENS FL.

Zip

33018

Country

USA

Zip

33018

Country

USA

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90054 022 \*\*\*163.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0896909

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MASELLI, VINCENZO  
20541 S.W. 2ND STREET  
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name VINCENZO MASELLI

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

20541 SW 2ND ST PEMBROKE PINES

City PEMBROKE PINES

FL

Zip Code

33029

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, 2002 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  
NAME MASELLI, VINCENZO  
STREET ADDRESS 20541 S.W. 2ND STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete

TITLE D  
NAME FRANK, JOCHEN  
STREET ADDRESS 20541 S.W. 2ND STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 persons.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 07 2002

305-362-3888

CR2E034 (9/01)

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