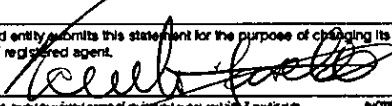
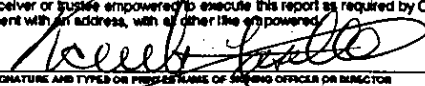


FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90090 010 ***163.75

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

DOCUMENT # P99000015923		
1. Entity Name PLAS-CHEM EXPORT INC.		
Principal Place of Business 1117 WEST OKEECHOBEE ROAD 201 HIALEAH GARDENS, FL 33018		Mailing Address 1117 WEST OKEECHOBEE ROAD 201 HIALEAH GARDENS, FL 33018
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
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 SW 2ND ST PEMBROKE PINES PEMBROKE PINES, FL 33029		7. Name and Address of New Registered Agent Name MASELLI, VINCENZO Street Address (P.O. Box Number is Not Acceptable) 2730 W. 76TH STREET City WINDS OF SANTA FE APTS, APT 206 HIALEAH FL 33016-5622
A. 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 		DATE March 12 2003
B. 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 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: 		DATE March 12 2003

10045169



☒ CHECK HERE IF MAKING CHANGES

CR2EC04 (10/02)