2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 12, 2000 8:00 am
Secretary of State
03-02-2000 90068 025 ***150.00

DOCUMENT # P99000023890

1. Entity Name

FLORIDA PLASTICS 2000 CORP.

Principal Place of Business	Mailing Address
9405 NW 109TH STREET BAY #3 MEDLEY FL 33178	9405 NW 109TH STREET BAY #3 MEDLEY FL 33178-1285

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1655 W. 31PL	1655 W. 31PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah FL	City & State: Hialeah FL
Zip: 33012 Country: USA	Zip: 33012 Country: USA

4. FEI Number: 65-0902714 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENDEZ, ROBERTO 9405 NW 109TH STREET BAY #3 MEDLEY FL 33178	Name: Leticia Mendez. Street Address (P.O. Box Number is Not Acceptable): 1655 W. 31PL City: Hialeah FL Zip Code: 33012

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: Roberto Mendez / Leticia Mendez DATE: 2/8/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MENDEZ, LETICIA 9405 NW 109TH STREET BAY #3 MEDLEY FL 33178	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD Mendez, Leticia 1655 W. 31PL Hialeah FL 33012	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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 SIGNATURE REQUIRED 2/8/2000 3058199161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #