

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # **P99000023890**
1. Entity Name
Florida Plastic 2000 Corp



03 SEP 16 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
692 W. 29 St.

3. Mailing Address
692 W. 29 St

Suite, Apt. #
#9

Suite, Apt. #
#9

DO NOT WRITE IN THIS SPACE

City & State
Healeah Fl.

City & State
Healeah Fl.

4. FEI Number
65-0902714

Applied For
Not Application

Zip
33012

Country
USA

Zip
33012

Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Roberto Mendez SN**

Street Address (P.O. Box Number if Not Applicable)
692 W. 29 St #9

City **Healeah** FL Zip Code **33012**

8. This 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 **[Signature]**

(NOTE: Registered Agent Signature required when volunteering)

DATE

Roberto Mendez SN 9/11/03

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$250.00
Amended UBR is \$50.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS Mendez Roberto S. 692 W. 29 St #9 Healeah Fl 33012
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/03 (305) 8874185

21 9/16