

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**  
 05-05-2002 90067 025 \*\*\*150.00

**DOCUMENT # P99000045489**

1. Entity Name  
**YUNIZ PLAST, INC.**

Principal Place of Business      Mailing Address

**870 W 20TH STREET**      **870 W 20TH STREET**  
**HIALEAH FL 33010**      **HIALEAH FL 33010**

2. Principal Place of Business      3. Mailing Address

**4336 E 10th COURT**      **4336 E 10th COURT**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**HIALEAH, FL.**      **HIALEAH, FL.**

Zip      Zip      Country      Country

**33013**      **33013**

4. FEI Number      Applied For

**65-0906370**      ☐ Not Applicable

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

☐      ☐

6. Name and Address of Current Registered Agent

**MERES, MARITZA M**  
**870 W 20TH STREET**  
**HIALEAH FL 33010**

7. Name and Address of New Registered Agent

Name      **MERES, MARITZA M**

Street Address (P.O. Box Number is Not Acceptable)  
**4336 E 10th COURT**

City      **HIALEAH**      FL      Zip Code      **33013**

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 \_\_\_\_\_

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, 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	OP	<input type="checkbox"/> Delete
NAME	<b>MERES, MARITZA M</b>	
STREET ADDRESS	<b>870 W POST</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4336 E 10th COURT</b>	
CITY-ST-ZIP	<b>HIALEAH, FL. 33013</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**      **04/17/02 (347) 687-3003**

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