

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053738

1. Entity Name

PLASTICLINK, INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90122 011 ***150.00

Principal Place of Business

4440 PGA BLVD. SUITE 505
PALM BEACH GARDENS FL 33410

Mailing Address

4440 PGA BLVD. SUITE 505
PALM BEACH GARDENS FL 33410-6543

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0945433

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, MICHAEL D
1645 PALM BEACH LAKES BLVD, SUITE 550
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name: Richard Rappaport
Street Address (P.O. Box Number is Not Acceptable): 4440 PGA Blvd., Suite 505
City: Palm Beach Gardens FL Zip Code: 33410

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, 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

TITLE: D ☐ Delete
NAME: RAPPAPORT, RICHARD
STREET ADDRESS: 4440 PGA BLVD, SUITE 505
CITY-ST-ZIP: PALM BEACH GARDENS FL 33410

TITLE: D ☐ Delete
NAME: BATKY, MICHAEL
STREET ADDRESS: 4440 PGA BLVD, SUITE 505
CITY-ST-ZIP: PALM BEACH GARDENS FL 33410

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE: ☐ Change ☒ Addition
NAME: Alex Gaban
STREET ADDRESS: 4440 PGA Blvd. Suite 505
CITY-ST-ZIP: Palm Beach, Gardens, FL 33410

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

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

TITLE: ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CE2524 (0/00)