

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105829

1. Entity Name

NATIONAL PLASTIC DISTRIBUTORS GROUP, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90102 025 ***150.00

Principal Place of Business

Mailing Address

2189 SALERMO CIRCLE
WESTON FL 33326

2189 SALERMO CIRCLE
WESTON FL 33326

2. Principal Place of Business

2189 SALERMO CIRCLE

3. Mailing Address

2189 SALERMO CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FL

City & State

WESTON, FL

Zip

33326

Country

Zip

33326

Country

4. FEI Number

52-2216197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAITAN, FRANCISCO
16451 BLATT BLVD, SUITE 204
WESTON FL 33326

7. Name and Address of New Registered Agent

Name

LEOPOLDO G. RIOS

Street Address (P.O. Box Number is Not Acceptable)

1800 W. 49th STREET SUITE 207

City

MIAMI

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

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 PD ☐ Delete
NAME O'TERO, ARTURO
STREET ADDRESS 2189 SALERMO CIRCLE
CITY-ST-ZIP WESTON FL 33326

TITLE SD ☐ Delete
NAME OTERO, ALBERTO
STREET ADDRESS 2189 SALERMO CIRCLE
CITY-ST-ZIP WESTON FL 33326

TITLE TD ☐ Delete
NAME ALCALDE, SALVADOR
STREET ADDRESS 2189 SALERMO CIRCLE
CITY-ST-ZIP WESTON FL 33326

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
STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

Arturo Otero

ARTURO OTERO

03/07/2000

Date

Daytime Phone #