## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # \$76661**

1. Entity Name

FREEMOND PLASTICS, INC.

Principal Place of Business

Mailing Address

5925 SW 21ST ST
5925 SW 21ST ST
HOLLYWOOD FL 33023-3010

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

City & State

Country

Zip

Country

## FILED May 16, 2000 8:00 am Secretary of State

05-16-2000 90790 001 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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City & State		City & State		4. FEI	Number 65-0277.013		pplied For ot Applicable	
Zip —	Country	Zip	Country	y 5 Contificate of Status Desired		<b>\$8.75</b> Ad	\$8.75 Additional	
· · •	C. Name and Address of Courses	2001010-04 4 0001	<u> </u>		me and Address of New Registere	Fee Require	3d	
	6. Name and Address of Current F	tegistered Agent	Name		ne and Address of New Registere	u Agent		
500	ELIQUE DODERT					<u></u>		
	FREEMOND, ROBERT 5925 SW 21ST ST			Street Address (P.O. Box Number is Not Acceptable)				
	D SW 2151 51 LYWOOD FL 33023				<del></del>			
not	L1WOOD FL 33023				<del></del>			
			City		F	Zip Cod	je	
. The above	e named entity submits this statement for	the purpose of changing its	s registered office or regis	stered agent	, or both, in the State of Florida.			
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SIGNATURE						·		
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	TE: Registered Agent signature requ	uired when reinst	ating) DATE	<u>.                                    </u>	<u></u>	
9. This corp	oration is eligible to satisfy its Intangible	FILE NOW	'!!! FEE IS \$150.00		10. Election Campaign Financing	<b>\$</b> E (	10 o.	
•	requirement and elects to do so.	· ·	000 Fee will be \$550.0	10	Trust Fund Contribution.   Added to Fee			
(See crite	eria on back)	Make Check Paya	ble to Department of					
1	OFFICERS AND I		12.	ADDI"	TIONS/CHANGES TO OFFICERS AF			
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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 AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

object J. Freemond 4/21/a

954) 963 - 74 Daytime Phone # 32E034 (9/99