2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TYPED OR TRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 23, 2002 8:00 am Secretary of State F97000005286 DOCUMENT # 1. Entity Name 04-23-2002 90424 035 ***158 **GOLD CONTAINER CORPORATION** Principal Place of Business Mailing Address 801 DOUGLAS AVENUE.. STE 207 801 DOUGLAS AVENUE., STE 207 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 13-3862348 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEBER, TOM Street Address (P.O. Box Number is Not Acceptable) 2137 JACKSONVILLE ST. FT. MYERS FL 33931 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Delete TITLE TITLE NAME WALEWSKI, ALEXANDRE NAME CH-1936 Verbier, Le Richelieu N 14 Chemin Des Vernes Switzerland STREET ADDRESS TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800 STREET ADDRESS CITY-ST-ZIP PUTEAUX LA DEFENSE, PARIS CITY-ST-ZIE ☐ Addition ☐ Delete TITLE TITLE NAME WALEWSKI, FABRICE NAME STREET ADDRESS TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800 STREET ADDRESS CITY-ST-ZIP PUTEAUX LA DEFENSE, PARIS CITY-ST-ZIP - Change Addition Delete ~ TITLE NAME WEBER, THOMAS NAME STREET ADDRESS STREET ADDRESS 2137 JACKSONVILLE ST. CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33916 ☐ Change ☐ Addition TITI F ☐ Delete TITLE TŜD NAME WALEWSKI, RAPHAEL NAME STREET ADDRESS TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800 STREET ADDRESS CITY-ST-ZIP PUTEAUX LA DEFENSE, PARIS CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITI F NAME NAME KESTELOOT, FERNAND STREET ADDRESS TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUTEAUX LA DEFENSE, PARIS Change Addition □ Delete TITLE TITLE JACKSON, E RAY NAME NAME 2240 Belleur Road, Suite 190 Cleorwater, PL 33764 STREET ADDRESS STREET ADDRESS 801 DOUGLAS AVENUE., STE 207 CITY-ST-ZIP CITY-ST-7IP **ALTAMONTE SPRINGS FL 32714** 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 of flustee 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.

FILED