

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L93000000419**

1. Entity Name
BALL/SB, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 AM 11:59

Principal Place of Business
2801 NW 74 AVE., SUITE 221
MIAMI FL 33122

Mailing Address
2801 NW 74 AVE., SUITE 221
MIAMI FL 33122-1443



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0455288**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JORDAN, ARTURO CPA
999 PONCE DE LEON BLVD
SUITE 715
MIAMI FL 33134

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGRM**
STREET ADDRESS **BALL HORTICULTURAL COMPANY**
CITY-ST-ZIP **622 TOWN RD. WEST CHICAGO IL 60185**

Change Addition
200003123172--1-
-02/03/00--01102--004
*******50.00 *****50.00**

TITLE Delete
NAME **MGRM**
STREET ADDRESS **PAN AMERICAN CUTTINGS, INC.**
CITY-ST-ZIP **CALLE AQUILINO DE LA GUARDIA, NO. 8 PANAMA CITY, PANAMA**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **X SIGNATURE REQUIRED X** Jan 14, 2000 X 305-471-6191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #