2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107931

SIGNATURE: 2

Aug 01, 2000 8:00 am Secretary of State 1. Entity Name CAN COMPONENTS CORP. 08-01-2000 90006 024 ***158.75 Mailing Address Principal Place of Business 100 NORTH BISCAYNE BLVD. #1106 100 NORTH BISCAYNE BLVD. #1106 MIAMI FL 33132 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 22 3627880 Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Scott K. Westphal W. LAWRENCE LARCHE Street Address (P.O. Box Number is Not Acceptable) **MCCARTER & ENGLISH** 650 West Ave., Apt #2510 2255 GLADES ROAD #319A **BOCA RATON FL 33431** Zip Code 3 3 1 3 9 Miami Beach 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. 7/12/00 Scott K. Westphal SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. C/P/S/T Change X Addition TITLE ☐ Delete TITLE NAME NAME Scott K. Westphal STREET ADDRESS STREET ADDRESS 650 West Ave., Apt 2510- Miami Bch CITY-ST-ZIP CITY+ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Tel: 1(305)377-414

Daytime Phone #

DOC# P98000107931

CAN COMPONENTS CORP.

B0104074

July 12, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL - 32302 - 1500

Ref: Document # P98000107931

Dear People,

We have no record of having received your first request for this filing. May we please request your consideration of waiving our \$400.00 late fee?

Thank you for your valued assistance.

Sincerely,

Scott K. Westphal

President

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/ 100 N. Biscayne Boulevard #1106

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