

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90057 016 ***150.00

DOCUMENT # P99000071978

1. Entity Name

TRANSCONTAINER MIAMI, INC.

Principal Place of Business

Mailing Address

11723 S.W. 159TH PLACE
 MIAMI FL 33196

11723 S.W. 159TH PLACE
 MIAMI FL 33196

2. Principal Place of Business

3. Mailing Address

11273 SW 159th Pl.

11273 SW 159th Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0953043

Applied For

Not Applicable

Zip

33196

Country

Zip

33196

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTIZ, JULIAN
 11723 S.W. 159TH PLACE
 MIAMI FL 33196

Name **JULIAN ORTIZ**

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

11273 SW 159th Pl

City

Miami

FL

Zip Code

33196

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ORTIZ, JULIAN 11723 S.W. 159TH PLACE MIAMI FL 33196	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			PRESIDENT ORTIZ, JULIAN 11273 SW 159th Pl MIAMI, FL 33196
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			VICE PRESIDENT CARMEN LERDO DE TEJADA 11273 SW 159th Pl MIAMI, FL 33196
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			SECRETARY FATIMA ORTIZ 11273 SW 159th Pl MIAMI, FL 33196
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			TREASURER LUIS LERDO DE TEJADA 11273 SW 159th Pl MIAMI, FL 33196
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Julian E. Ortiz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/00

Date

305-386-4500

Daytime Phone #

CR2E034 (9/99)