## 2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE

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## May 23, 2002 8:00 am Secretary of State F98000005935 DOCUMENT # 1. Entity Name 05-23-2002 90010 001 \*\*\*150.00 DANIA CONTAINER SERVICES, INC. Principal Place of Business Mailing Address 169 E. FLAGLER ST. SUITE 820 169 E. FLAGLER ST. SUITE 820 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 91-1869200 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7...Name and Address of New Registered Agent Name SORENSEN, JOHN M Street Address (P.O. Box Number is Not Acceptable) 169 E. FLAGLER ST. SUITE 820 MIAMI FL 33131 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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. PRESIDENT SORENSEN, JOHN M. **PCSD** Addition TITLE □ Delete TITLE Change SORENSEN, JOHN M NAME NAME 169 E. FLASLER ST., SUITE 820 1111 BRICKELL BAY DR. #1608 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with the indicated on this report or supplemental report of the corporation or the receiver or trustee employer. does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information decurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director o execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

**FILED**