

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90761 008 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000023951

1. Entity Name

FT. PIERCE CONTAINERS, LLC



30058687

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

FT. PIERCE CONTAINERS, LLC

3. Mailing Address

FT. PIERCE CONTAINERS, LLC

Suite, Apt. #, etc.

1111 BRICKELL AVE., SUITE 1109

Suite, Apt. #, etc.

P.O. BOX 491230

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL.

City & State
KEY BISCAYNE, FL.

4. FEI Number

11-3673796

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
JOSE A. RUIZ

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

1111 BRICKELL AVE., SUITE 1109

City
MIAMI,

FL

Zip Code
33131

DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Jose A. Ruiz

4-17-2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
HERRERA, JOSE
1111 BRICKELL AVE., SUITE 1109
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] Jose S. Herrera 4-17-2003

305-274-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)