

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # **L99000005047**

00 MAY -2 PM 12:36

1. Entity Name
UNITED CONTAINER, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**%GUNSTER, YOAKLEY, VALDES-FAULI & STEWART
500 EAST BROWARD BOULEVARD
FT. LAUDERDALE FL 33394**

Mailing Address
**%GUNSTER, YOAKLEY, VALDES-FAULI & STEWART
500 EAST BROWARD BOULEVARD
FT. LAUDERDALE FL 33394-3000**



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

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

**VALDES-FAULI CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BOULEVARD, SUITE 3400
MIAMI FL 33131-1897**

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

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

700003263967--9
-05/23/00--01106--001
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREW TODD BULLOCK 7868 REA ROAD, SUITE F344 CHARLOTTE NC 28277 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INGRAM, STEVEN 5650 BROWN ROAD POWDER SPRINGS GA 30073 <input checked="" type="checkbox"/> Delete <i>no longer employed</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Andrew Todd Bullock* **ANDREW TODD BULLOCK** 4-20-00 (305) 376-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)