

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -6 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001033

1. Entity Name

CONTINENTAL PLASTIC CONTAINERS LLC

Principal Place of Business

2515 MCKINNEY AVENUE
SUITE 850
DALLAS TX 75201

Mailing Address

2515 MCKINNEY AVENUE
SUITE 850
DALLAS TX 75201-1993

2. Principal Place of Business

5605 N. MacArthur Blvd. ~~360~~ 5605 N. MacArthur Blvd. ~~360~~

3. Mailing Address

Suite, Apt. #, etc.

Suite 360

City & State

Irving, TX

City & State

Irving, TX

Zip

75038

Country

U.S.

Zip

75038

Country

U.S.

4. FEI Number

06-1056158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM PLASTIC CONTAINERS LLC ☐ Delete
STREET ADDRESS 2515 MCKINNEY AVENUE #850
CITY-ST-ZIP DALLAS TX 75201

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS See attached
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700003279217-1
CITY-ST-ZIP -06/07/00-01007-020

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Brian Ketcham **BRIAN KETCHAM**

Date

Daytime Phone #

4/27/00 (402) 934-2400

CR-15013 (1/99)