2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P01000023779 DOCUMENT #

1. Entity Name



Apr 02, 2003 8:00 am Secretary of State 04-02-2003 90071 009 ***150.00

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MARINE	CONTAINERS INC					
Principal Plac P.O. BOX 526 MIAMI FL 331		Mailing Address P.O. BOX 526151 MIAMI FL 33152				
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & Stat	e .	City & State		4. FEI Number 65-1080948	Applied For Not Applicable	
Zip	Country	Zip	Country		75 Additional Required	
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agen	t	
MARTINEZ, JOSE M			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
9410 W·F APT, 412	LAGLER-ST-					
MIAMI FL 33174			City	FL	Zip Code	
	ions of registered agent	finz.	registered office or regi	stered agent, or both, in the State of Florida. I am famil	ar with, and accept	
After	ILE NOW!!!-FEE IS-\$150:00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department	of State	ن المحمد الله المحمد الله المحمد الله الله المحمد الله الله المحمد الله الله الله الله الله الله الله الل	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTINEZ, JOSE M 9410 W.FLAGLER ST APT 412 MIAMI FL 33174	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Ц	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, VERONICA X 10253 NW 9TH ST CIRCLE #40 MIAMI FL 33172	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u>	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR