FILED

May 09, 2002 8:00 am & Secretary of State

05-09-2002 90002 033 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000085619 1. Entity Name ALMAR-INATLAN CONTAINERS DE VENEZUELA, CORP.

Principal Place of Business

5212 ALAVISTA DR ORLANDO FL 32837 Mailing Address

5212 ALAVISTA DR ORLANDO FL 32837

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



DO NOT WRITE IN THIS SPACE

MAA 77A MAA DTIN	ICT TABILA A			Name				
Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
	Country		Coun	try ≧=	5. Certificate of Status Desired		\$8.75 Additional	
							Not Appl	
City & State		City & State			4. FEI Number		Applied F	For

City

(NOTE: Registered Agent signature required when reinstating)

782 NW 42 AVE, STE 637 MIAMI FL 33126

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

Zip Code FL

۱. ر	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.
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	*	

SIGNATURE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME **DESOUSA, JOSE BENFICA** NAME STREET ADDRESS 5212 ALAVISTA DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME PERES, MORAIMA MARIA NAME STREET ADDRESS 5212 ALAVISTA DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32837 CITY_ST_ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DE SOUSA, JUAN E NAME STREET ADDRESS 5212 ALAVISTA DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

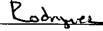
13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP





Daytime Phone #