

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000068873

1. Entity Name

ALL AMERICAN CONTAINERS OF TAMPA, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90080 024 ***158.75

Principal Place of Business

2400 GLEMAN PLACE
TAMPA FL 33619
US

Mailing Address

11825 NW 100TH RD
SUITE 1
MIAMI FL 33178
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3269002

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURAI WALD BIONDO & MORENO PA
25 SE 2ND AVE
900 INGRAHAM BLDG
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name -CARROLL & ASSOCIATES

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

1260 Suntrust International Center
One Southeast Third Avenue

City

MIAMI

FL

Zip Code

33131-1714

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 *Linda L. Carroll*

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

(NOTE: Registered Agent signature required when reinstating.)

4/26/01

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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
NAME OLIVER, FAUSTO D
STREET ADDRESS 11825 NW 100TH ROAD BLDG 1
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ Delete
NAME OLIVER, REMEDIOS D
STREET ADDRESS 11825 NW 100TH ROAD BLDG 1
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ Delete
NAME ROSA M FLORES
STREET ADDRESS 11825 NW 100TH RD BLDG 1
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME ROSA M. DIAZ
STREET ADDRESS 11825 NW 100TH RD
CITY-ST-ZIP MIAMI, FL

TITLE ☐ Delete
NAME FAUSTO G DIAZ
STREET ADDRESS 11825 NW 100TH RD BLDG 1
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

305-882-0297

Daytime Phone #

0224760

CR2E034 (10/00)