

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90207 028 ***158.75

DOCUMENT # P94000068873

1. Entity Name
ALL AMERICAN CONTAINERS OF TAMPA, INC.

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

9330 N.W. 110th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

4. FEI Number

59-3269002

Applied For

Not Applicable

Zip

Country

Zip

Country

33178

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARROLL & ASSOCIATES
1260 SUNTRUST INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVENUE
MIAMI FL 33131-1714

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9330 N.W. 110th Ave.**
CITY-ST-ZIP **MIAMI, FL 33178**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9330 N.W. 110th Ave.**
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE **S** ☐ Delete
NAME **DIAZ, ROSA M**
STREET ADDRESS **11825 NW 100TH RD**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9330 N.W. 110th Ave.**
CITY-ST-ZIP **MIAMI, FL 33178**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9330 N.W. 110th Ave.**
CITY-ST-ZIP **MIAMI, FL 33178**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

305-887-0797

Daytime Phone #

CR2E034 (9/01)