

DOCUMENT # P95000007765

1. Entity Name  
**SOUTH FLORIDA CYLINDERS & PACKINGS CORP.**

Principal Place of Business Mailing Address  
**1313 PONCE DE LEON BLVD. 1313 PONCE DE LEON BLVD.**  
**SUITE 300 SUITE 300**  
**CORAL GABLES FL 33134 CORAL GABLES FL 33134**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**BOUZA, OLGA**  
**1313 PONCE DE LEON BLVD**  
**SUITE 300**  
**CORAL GABLES FL 33134**

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 \_\_\_\_\_

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 ☐ **\$5.00 May Be**  
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **BOUZA, JOSE J.**  
CITY-ST-ZIP **12942 SW 27 ST**  
**MIAMI FL 33175**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **BOUZA, OLGA**  
CITY-ST-ZIP **12942 SW 27 ST**  
**MIAMI FL 33175**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **BOUZA, VIVIANA**  
CITY-ST-ZIP **12742 SW 27 ST**  
**MIAMI FL 33175**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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: \_\_\_\_\_ **OLGA BOUZA TREASURY** **01/04/01** **305-443-8500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90002 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0553795** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional**  
Fee Required

CR2E034 (10/00)