

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076706

1. Entity Name

SUPER CONTAINER LINE, INC.

Principal Place of Business

2801 NW 74TH AVE  
SUITE 223  
MIAMI FL 33122  
US

Mailing Address

2801 NW 74TH AVE  
SUITE 223  
MIAMI FL 33122  
US

2. Principal Place of Business

8850 NW 24 TERRACE

3. Mailing Address

PO BOX 523142

Suite, Apt. #, etc.

MIAMI

Suite, Apt. #, etc.

MIAMI

City & State

FL

City & State

FL

Zip

33172

Country

USA

Zip

33152

Country

USA

6. Name and Address of Current Registered Agent

DUENAS, MISAE  
9968 COSTA DEL SOL BLVD  
MIAMI FL 33178

4. FEI Number 65-0779468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DUENAS, MISAE	
STREET ADDRESS	9968 COSTA DEL SOL BLVD	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUENAS, BLANCA L	
STREET ADDRESS	9968 COSTA DEL SOL BLVD	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/13/01 3054710855

DO NOT WRITE IN THIS SPACE



**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91324 031 \*\*\*150.00

CR2E034 (10/00)