2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 21, 2000 8:00 am Secretary of State DOCUMENT # P97000077927 1. Entity Name UNIVERSAL CONTAINERS REPAIR CORPORATION 01-21-2000 90090 021 ***150.00 Principal Place of Business Mailing Address 4640 NW 5TH STREET 4640 NW 5TH STREET MIAMI FL 33126-5358 MIAMI FL 33126 C0008880 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State NOT APPLICABLE Not Applicable. Country Zip Zin \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BENITEZ, BLANCA A Street Address (P.O. Box Number is Not Acceptable) 4640 NW 5TH STREET MIAMI FL 33126 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE **PSTD** ☐ Delete TITLE NAME BENITEZ, BLANCA A NAME STREET ADDRESS STREET ADDRESS 4640 NW 5TH STREET. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

<u>(305)579-9979</u>