

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022890

1. Entity Name

ADVANCE CONTAINER REPAIR & LEASING, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90033 050 ***550.00

Principal Place of Business

9043 TRADE PORT DRIVE
SUITE 100
ORLANDO FL 32827

Mailing Address

9043 TRADE PORT DRIVE
SUITE 100
ORLANDO FL 32827-5374

2. Principal Place of Business

3. Mailing Address

100 N. Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 2608

City & State

City & State
Miami, FL

4. FEI Number

59-3508744

Applied For

Not Applicable

Zip

Country

Zip

Country

33132

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNSTEIN, JEFFREY A
100 N BISCAYNE BLVD.
SUITE 1707
MIAMI FL 33132

Name BERNSTEIN, Jeffrey A.
Street Address (P.O. Box Number is Not Acceptable)
100 N. Biscayne Blvd.
Suite 2608
City Miami FL Zip Code 33132

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)

6/2/00
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D NOBLE, ROGER 9043 TRADE PORT DRIVE STE 100 ORLANDO FL 32827	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, CLYDE 9043 TRADE PORT DRIVE STE 100 ORLANDO FL 32827	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARMAN, ROGER 9043 TRADE PORT DRIVE STE 100 ORLANDO FL 32827	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, Charles 100 N. Biscayne Blvd., #2608 Miami, FL 33132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPERRY, Gillis 100 N. Biscayne Blvd., #2608 Miami, FL 33132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T/VP/S CALVINO, Sal 100 N. Biscayne Blvd., #2608 Miami, FL 33132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Charles Hamilton

Date

Daytime Phone #

5/31/00

603-669-3198