

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056371

1. Entity Name

U.S. CONTAINER LINE, INC.

Principal Place of Business

Mailing Address

1418 N.W. 82ND AVENUE
MIAMI FL 33126

1418 N.W. 82ND AVENUE
MIAMI FL 33126-1508

2. Principal Place of Business

4445 NW 97th Ave.

Suite, Apt. #, etc.

3. Mailing Address

4445 NW 97th Ave.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0844856

Applied For

Not Applicable

Zip

Country

Zip

Country

33178

U.S.A.

33178

U.S.A.

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

PEREZ, DUNNEY CESAR
1418 N.W. 82ND AVENUE
MIAMI FL 33126

Name

Carlos A. Arango

Street Address (P.O. Box Number is Not Acceptable)

4445 NW 97th Ave.

City

MIAMI

FL

Zip Code

33178

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

4/28/2000

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 ☐ Delete
NAME D
STREET ADDRESS PEREZ, DUNNEY CESAR
CITY-ST-ZIP 751 N.W. 134TH AVENUE
MIAMI FL 33182

TITLE ☒ Change ☐ Addition
NAME PEREZ, Dunney Cesar
STREET ADDRESS 9737 NW 41st St. #299
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME JULIO OSORIO
STREET ADDRESS 1056 SEQUOIA LANE
CITY-ST-ZIP BOSTON, FL 33327

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

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 all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000

Date

305-639-4795

Daytime Phone #

CR2E034 (9/99)