

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 01, 2000 8:00 am**  
**Secretary of State**

08-01-2000 90006 024 \*\*\*158.75

**DOCUMENT # P98000107931**

1. Entity Name  
**CAN COMPONENTS CORP.**

Principal Place of Business  
 100 NORTH BISCAYNE BLVD. #1106  
 MIAMI FL 33132

Mailing Address  
 100 NORTH BISCAYNE BLVD. #1106  
 MIAMI FL 33132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

22 3627880

Not Applicable

Zip

Country

Zip

Country

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

W. LAWRENCE LARCHE  
 MCCARTER & ENGLISH  
 2255 GLADES ROAD #319A  
 BOCA RATON FL 33431

Name **Scott K. Westphal**

Street Address (P.O. Box Number is Not Acceptable)  
**650 West Ave., Apt #2510**

City **Miami Beach** FL Zip Code **33139**

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 **Scott K. Westphal** DATE **7/12/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	C/P/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Scott K. Westphal</b>
STREET ADDRESS	<b>650 West Ave., Apt 2510- Miami Bch</b>
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: **Scott K. Westphal - President** 7/12/00 Tel: 1(305)377-414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DOC# P98000107931

CAN COMPONENTS CORP.

BC104074

July 12, 2000


**Division of Corporations**  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL - 32302 - 1500

Ref: Document # **P98000107931**

Dear People,

We have no record of having received your first request for this filing. May we please request your consideration of waiving our \$400.00 late fee?  
Thank you for your valued assistance.

Sincerely,



Scott K. Westphal  
President

100 N. Biscayne Boulevard #1106  
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E-mail: latacorp@aol.com

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