

2001 UNIFORM BUSINESS REPORT (UBR)

1082

DOCUMENT # P99000008267

1. Entity Name

ARGO CRATES & CONTAINERS, INC.

FILED

01 MAR 16 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10099 NW 89 AVE.
BAY #2
MEDLEY, FL 33178

Mailing Address

10099 NW 89 AVE.
BAY #2
MEDLEY, FL 33178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0900803

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

00-01 UBR
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOMEZ, ALBERTO
12111 SW 113 AVE.
MIAMI, FL 33176

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)

3/14/01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME P.D. GOMEZ, ALBERTO
STREET ADDRESS 12111 SW 113 AVE.
CITY-ST-ZIP MIAMI, FL 33176

TITLE Change Addition
NAME
STREET ADDRESS 100003892571-4
CITY-ST-ZIP -03/22/01--01056--013
***300.00 ***300.00

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
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TITLE Delete
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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 LS
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

3/14/01
Date

325-805-0576
Daytime Phone #

2002

Argo Crates & Containers

10099 SW 89 Ave., Bay #2
Miami, Fl. 33178

March 8, 2001

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

RE: Argo Crates & Containers, Inc. #P99000008267

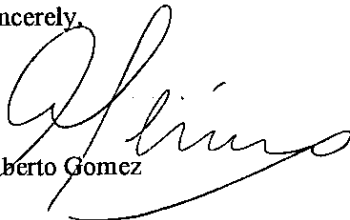
To whom it may concern:

Per our telephone conversation with one of your representatives enclosed is a Reinstatement report for the corporation referenced above. Please note that you had the incorrect address for our business and that we never received the 2000 or the 2001 Uniform Business Reports. Per your office's telephone instructions, enclosed is a check for \$300.00 to cover for the 2000 and 2001 state fees which we owe.

Please note that since we never received the report, we do not feel is fair to have to pay any additional penalties or fees. Please accept our payment for the two years and correct our address in your records.

We thank you very much for your assistance in this matter. If you have any questions you may contact the undersigned.

Sincerely,



Alberto Gomez