2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Sep 19, 2000 8:00 am
Secretary of State
03-27-2000 90069 003 ***150.00
08-21-2000 90210 001 ***550.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000037308

1. Entity Name
TRANSTAINER COSTA RICA CORP.

Principal Place of Business	Mailing Address
~~3550 NW 33 STREET~~ ~~MIAMI FL 33142~~	~~3550 NW 33 STREET~~ ~~MIAMI FL 33142~~

2. Principal Place of Business: 10255 NW 116 WAY	3. Mailing Address: Same
Suite, Apt. #, etc.: SUITE 10	Suite, Apt. #, etc.
City & State: MEDLEY, FL.	City & State
Zip: 33178 — Country: USA	Zip — Country

4. FEI Number: 65-0913963 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLF, JOSE M
~~3550 NW 33 STREET~~ 10255 NW 116 WAY
~~MIAMI FL 33142~~
SUITE 10 Medley, FL. 33178

7. Name and Address of New Registered Agent

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 X [signature] Jose M. Wolf 8.8.00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLF, JOSE M ~~3550 NW 33 STREET~~ ~~MIAMI FL 33142~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10255 NW 116 WAY MIAMI FL 33178 ☐ Change ☐ Addition
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CR2E034 (5/00)

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: X [signature] Jose M. Wolf 8-8-00 (305)6340550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #