2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-15-2002 90185 024 ***170.00
07-28-2002 90196 029 ***380.00

DOCUMENT # P99000037308

1. Entity Name
TRANSTAINER COSTA RICA CORP.

Principal Place of Business	Mailing Address
3101 NW 74TH AVENUE MIAMI FL 33122 US	3101 NW 74TH AVENUE MIAMI FL 33122 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8120 NW 29 ST	P.O BOX 524056
Suite, Apt. #, etc. MIAMI FL	Suite, Apt. #, etc. MIAMI FL
City & State 33122	City & State
Zip / Country DADE	Zip 33152-4056 / Country DADE

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	7. Name and Address of New Registered Agent
WOLF, JOSE M 3101 NW 74TH AVENUE MIAMI FL 33122	Name SAME Street Address (P.O. Box Number is Not Acceptable) 8120 NW 29 ST City MIAMI FL Zip Code 33122

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ 7-202
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, 2002 Fee 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 3101 NW 74TH AVENUE MIAMI FL 33122	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT D PO BOX 524056 MIAMI FL 33152-4056	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (4/02)

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 REQUIRED 7-2-02 (305)634-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #