


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Name <b>TRANSTAINER COSTA RICA CORP.</b>	
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FILED

03 OCT 16 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>P.O. BOX 524056</b>	3. Mailing Address <b>2600 S. DOUGLAS RD.</b>
Suite, Apt. #, etc. 	Suite, Apt. #, etc. <b>PH-6</b>
City & State <b>MIAMI, FLORIDA</b>	City & State <b>CORAL GABLES, FLORIDA</b>
Zip <b>33152</b>	Country <b>USA</b>
Zip <b>33134</b>	Country <b>USA</b>

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10/29/03--01008--009 \*\*317.50

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0913963</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b>

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>JOSE M. WOLF</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>8120 N.W. 29 STREET</b>	
	City <b>MIAMI</b>	FL Zip Code <b>33122</b>

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/ DIRECTOR JOSE M. WOLF 8120 N.W. 29 ST. MIAMI, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSE M WOLF 10-13-03 (305) 634-0550

# TRANSTAINER COSTA RICA CORP.

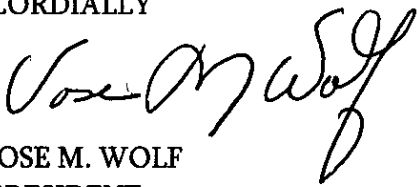
TO WHOM IT MAY CONCERN:  
TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY

  
JOSE M. WOLF  
PRESIDENT