

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90224 022 ***150.00

DOCUMENT # P99000071978

1. Entity Name
TRANSCONTAINER MIAMI, INC.

Principal Place of Business

11273 SW 159TH PL
 MIAMI FL 33196

Mailing Address

11273 SW 159TH PL
 MIAMI FL 33196

2. Principal Place of Business

11701 N.W. 102 Rd.

3. Mailing Address

11701 N.W. 102 Rd.

Suite, Apt. #, etc.

Suite # 22

Suite, Apt. #, etc.

Suite # 22

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33178

Country

USA

Zip

33178

Country

USA

4. FEI Number **65-0953043**

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

ORTIZ, JULIAN
 11273 SW 159TH PL
 MIAMI FL 33196

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.

(NOT)

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 \$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 **P** ☐ Delete
 NAME **ORTIZ, JULIAN**
 STREET ADDRESS **11273 SW 159TH PL**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **LERDO DE TEJADA, CARMEN**
 STREET ADDRESS **11273 SW 159TH PL**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **ORTIZ, FATIMA**
 STREET ADDRESS **11273 SW 159TH PL**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **LERDO DE TEJADA, LUIS**
 STREET ADDRESS **11273 SW 159TH PL**
 CITY-ST-ZIP **MIAMI FL 33196**

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
 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 is 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:

Fatima Ortiz **FATIMA ORTIZ**

May 2001

305-8639005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER - DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)