

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 16, 2000 8:00 am
Secretary of State

04-14-2000 90116 048 ***150.00

DOCUMENT # **P99000075721**
 Entity Name
SCANTAINER, INC.

Principal Place of Business Mailing Address
PONCE DE LEON BLVD. STE 305 4675 PONCE DE LEON BLVD. STE 305
CORAL GABLES FL 33146 CORAL GABLES FL 33146-2113



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **65-0944249** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
STINSON, LOUIS JR
4675 PONCE DE LEON BLVD, STE 305
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	D STINSON, LOUIS JR 4675 PONCE DE LEON BLVD, STE 305 CORAL GABLES FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Vice. Pres. STINSON, LOUIS JR 4675 Ponce de Leon Blvd #305 Coral Gables, Fla 33146
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Gen. Mgr. DeBlasi, John 4675 Ponce de Leon Blvd #305 Coral Gables Fla 33146
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Asst. Secy STINSON, T.A. 4675 Ponce de Leon Blvd #305 Coral Gables, Fla 33146
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	XXXXXXXXXX
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V.P. Margaret, Eric 4675 Ponce de Leon Blvd #305 Coral Gables, FLA 33146
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E034 (9/99)

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 furnished 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 requested, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: **4/10/00** Daytime Phone #: **305-467-7571**