

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90303 048 ***150.00

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1. Entity Name
SCANTAINER, INC.



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

Mailing Address
4675 PONCE DE LEON BLVD. STE 305
CORAL GABLES FL 33146

10032032



2. Principal Place of Business

3. Mailing Address

2199 Ponce de Leon Blvd

2199 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 301

Suite 301

City & State

City & State

Coral Gables FL

Coral Gables FL

Zip

Zip

33134

33134

Country

Country

USA

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0944249

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

STINSON, LOUIS JR

4675 PONCE DE LEON BLVD, STE 305

CORAL GABLES FL 33146

Name

Stewart Agent Services

Street Address (P.O. Box Number is Not Acceptable)

2199 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 301

City

Coral Gables

FL

Zip Code

33134

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 *John J. Monaghan*

3/24/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPST
NAME STINSON, LOUIS JR
STREET ADDRESS 4675 PONCE DE LEON BLVD #305
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE VPST
NAME Stinson, Louis, JR
STREET ADDRESS 2199 Ponce de Leon Blvd - #301
CITY-ST-ZIP Coral Gables, FL 33134

TITLE VPAS
NAME SKINNER, T A
STREET ADDRESS 4675 PONCE DE LEON BLVD #305
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE VPAS
NAME Skinner, T A
STREET ADDRESS 2199 Ponce de Leon Blvd #301
CITY-ST-ZIP Coral Gables FL 33134

TITLE PD
NAME MARGARD, ERIC
STREET ADDRESS 4500 BISCAYNE BOULEVARD, #345
CITY-ST-ZIP MIAMI FL 33137-3227

TITLE PD
NAME Margard, Erik
STREET ADDRESS 1747 NE 124 Street
CITY-ST-ZIP North Miami FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME De Blasi, John
STREET ADDRESS 1747 NE 124 Street
CITY-ST-ZIP North Miami FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eric Margard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-2003 305-981-5066

Date Daytime Phone #

CR2E034 (10/02)