


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

DOCUMENT # P99000075721

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
2199 Ponce de Leon Blvd
Suite, Apt. #, etc. *Suite 301*
City & State *Coral Gables FL*
Zip *33134* Country *USA*

3. Mailing Address
2199 Ponce de Leon Blvd
Suite, Apt. #, etc. *Suite 301*
City & State *Coral Gables FL*
Zip *33134* Country *USA*

CHECK HERE IF MAKING CHANGES

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 *Stewart Agent Services*
Street Address (P.O. Box Number is Not Acceptable) *2199 Ponce de Leon Blvd*
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* DATE *3/24/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	VPSD	<input type="checkbox"/> Delete
NAME	STINSON, LOUIS JR	
STREET ADDRESS	4675 PONCE DE LEON BLVD #305	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	SKINNER, T A	
STREET ADDRESS	4675 PONCE DE LEON BLVD #305	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARGARD, ERIC	
STREET ADDRESS	4500 BISCAYNE BOULEVARD, #345	
CITY-ST-ZIP	MIAMI FL 33137-3227	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stinson, Louis, JR	
STREET ADDRESS	2199 Ponce de Leon Blvd - #301	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	VPAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Skinner, T A	
STREET ADDRESS	2199 Ponce de Leon Blvd #301	
CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margard, Erik	
STREET ADDRESS	1747 NE 124 Street	
CITY-ST-ZIP	North Miami FL 33181	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	De Blasi, John	
STREET ADDRESS	1747 NE 124 Street	
CITY-ST-ZIP	North Miami FL 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* DATE: *3-27-2003* DAYTIME PHONE #: *305-981-5066*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)