

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90177 001 ***150.00

DOCUMENT # **S 28421**

1. Entity Name

CONTAINER SOURCE, INC

Principal Place of Business

Mailing Address

**15200 LAUREL LNS
 Pembrokeshire PINES, FL 33027
 USA**

**15200 LAUREL LNS
 Pembrokeshire PINES FL
 33027**

A0067199

2. Principal Place of Business

**15200 LAUREL LNS
 Suite, Apt. #, etc.**

3. Mailing Address

**15200 LAUREL LNS
 Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State **Pembroke Pines FL** City & State **Pembroke Pines FL** 4. FEI Number **65-0243147** Applied For ☐ Not Applicable ☒

Zip **33027** Country **USA** Zip **33027** Country **USA** 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

**JOEL MINTZER
 15200 LAUREL LNS
 Pembrokeshire PINES, FL 33027**

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.

(NOTE: 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 ☐ \$5.00 May Be Added to Fees
 - Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES/DIR JOEL MINTZER 15200 LAUREL LNS. Pembroke PINES, FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy/DIR ARLANA MINTZER 15200 LAUREL LNS. Pembroke PINES, FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 as 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, which is other than empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOEL MINTZER 4/20/01 954-436-9100

CR2E034 (11/00)