

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S90224

1. Entity Name

ALL AMERICAN CONTAINERS, INC.

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90092 010 ***158.75

Principal Place of Business

11825 NW 100 RD
SUITE 1
MEDLEY FL 33178
US

Mailing Address

11825 NW 100 RD
STE 1
MEDLEY FL 33178
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0293375

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURAL, WALD, BIONDO & MORENO P.A.
25 S.E. 2ND AVENUE
SUITE 900
MIAMI FL 33131

Name

Carroll & Associates

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

1260 Suntrust International Center.

One Southeast Third Avenue

City

MIAMI

FL

Zip Code

33131-1714

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

Linda L. Carroll

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

(NOTE: Registered Agent signature required when re-registering)

4/26/01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	DIAZ-OLIVER, REMEDIOS	10000 S.W. 30TH ST.	MIAMI FL				
CEO	FAUSTO J DIAZ-OLIVER	10000 SW 30TH ST	MIAMI FL				
S	ROSA M FLORES	10000 SW 30TH ST	MIAMI FL				
T	FAUSTO G DIAZ	10000 SW 30TH ST	MIAMI FL				

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 305-887-0797

DATE

Daytime Phone #

CR2E034 (10/00)