2002 Uniform Business Report (UBR)

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

SIGNATURE:

Mar 14, 2002 8:00 am M98391 DOCUMENT # **Secretary of State** 1. Entity Name TRUCKIN MOTION, INC. 03-14-2002 90085 033 ***150 00 Principal Place of Business Mailing Address 7991 SW 40TH ST #8 7991 SW 40TH ST #8 **MIAMI FL 33155** - MIAMI FL 33155 JAKS LIN Principal Place of Business 3. Mailing Address 3011 SW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0086304 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OTERO, CARLOS Street Address (P.O. Box Number is Not Acceptable) 10903 SW 114TH ST -> 10545 500 130 for M70W-C1-33 City Zip Code new 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Change Addition TITLE TITLE ☐ Delete OTERO, CARLOS NAME NAME 10903 SW 114TH ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TDS ☐ Delete TITLE OTERO, JUNET NAME 10903 SW 114TH ST STREET ADDRESS STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME -- -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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