

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90077 033 ***150.00

DOCUMENT # P00000055476

1. Entity Name
DPM TRUCKING, INC.

Principal Place of Business 3900 NW 79TH AVENUE SUITE 326 MIAMI FL 33166	Mailing Address 3900 NW 79TH AVENUE SUITE 326 MIAMI FL 33166
--	--

00011968



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 26 N.W 74th Ave Suite, Apt. #, etc.	3. Mailing Address 26 N.W 74th Ave. Suite, Apt. #, etc.
---	--

City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-1019061	Applied For Not Applicable
Zip 33126	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CERRO, RAQUEL 3900 NW 79TH AVENUE SUITE 326 MIAMI FL 33166	7. Name and Address of New Registered Agent Name ADELAIDA GUERRERO Street Address (P.O. Box Number is Not Acceptable) 26 N.W. 74th Ave City Miami FL Zip Code 33126
---	---

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 Adelaida Guerrero DATE 1/19/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D	<input checked="" type="checkbox"/> Delete	TITLE ADELAIDA GUERRERO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CERRO, RAQUEL		NAME ADELAIDA GUERRERO	
STREET ADDRESS 3900 NW 79TH AVENUE #326		STREET ADDRESS 26 N.W. 74th Ave	
CITY-ST-ZIP MIAMI FL 33166		CITY-ST-ZIP Miami, FL 33126	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Adelaida Guerrero DATE 1/19/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)