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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State
05-17-2002 90044 038 ***150.00

DOCUMENT # P01000049680

1. Entity Name
G & A Trucking of Lauderhill INC,

92321

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
8700 NW 46th St Suite, Apt. #, etc.	8700 NW 46th ST Suite, Apt. #, etc.
City & State: Lauderhill Florida	City & State: Lauderhill FLORIDA
Zip: 33351 Country: BROWARD	Zip: 33351 Country: BROWARD

4. FEI Number: 65-1106245 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: AVRIL Haughton / IVEY

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

8700 NW 46th Street

City: Lauderhill **FL** Zip Code: 33351

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 _____ DATE
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) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President George IVEY 8700 NW 46 St Lauderhill, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)