FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90112 014 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000087315

1. Entity Name

PEREZ TRUCKING, CORP.

DO NOT WRITE IN THIS SPACE

90085037

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12401 W. OKEECHOBEE RD.	12401 W OKEECHOBEE RD.
Suite, Apt. #, etc. LOT 458	Suite, Apt. #, etc. LOT 458
City & State HIALEAH GARDENS, FL	City & State HIALEAH GARDENS, FL
Zip 33018 Country US	Zip 33018 Country US

4. FEI Number 65-1136715 — 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 PEREZ, PRIMITIVO R.

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

12401 W OKEECHOBEE RD., LOT 458

City HIALEAH GARDENS FL Zip Code 33018

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST PEREZ, PRIMITIVO R. SAME	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEREZ, PRIMITIVO R. SAME	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/10/03 305·261·6251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #