

2001 UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 13, 2001 8:00 am
Secretary of State

01-29-2001 90041 029 ***150.00

DOCUMENT # P00000012352

1. Entity Name

UP AND DOWN EQUIPMENT RENTAL INCORPORATED

Principal Place of Business

3990 N.W. 132 St, Bay E
 Upalocka, Florida 33054

Mailing Address

3990 N.W. 132 St, Bay E
 Upalocka, Florida
 33054

2. Principal Place of Business

3990 N.W. 132 St, Bay E
 Suite, Apt. #, etc.
 Upalocka, Florida

3. Mailing Address

3990 N.W. 132 St, Bay E
 Suite, Apt. #, etc.

City & State

City & State

Upalocka, Florida

Zip 33054

Country

Zip 33054

Country

4. FEI Number

65-1057449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ACEVEDO, FRANCISCO T
 3020 NW 83RD TERR.
 MIAMI FL 33147

7. Name and Address of New Registered Agent

Name: I SABEL CEDEÑO
 Street Address (P.O. Box Number is Not Acceptable)
 7220 S.W. 140 Ave
 City: MIAMI FL Zip Code 33183

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 8, 2001

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ACEVEDO, FRANCISCO T	
STREET ADDRESS	3020 NW 83RD TERR.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TRUJILLO, EDUARDO A	
STREET ADDRESS	13491SW 66TH ST.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEDEÑO, I SABEL	
STREET ADDRESS	7220 S.W. 140 Ave	
CITY-ST-ZIP	MIAMI, Florida 33183	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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

✓ 1-18-01

Date

305
 769-5655

Daytime Phone #

CR2E034 (10/00)