

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002772

1. Entity Name

ALLIED TRUCKING OF PALM BEACH, L.C.

Principal Place of Business

9390 N.W. 109 STREET
MEDLEY FL 33178

Mailing Address

9390 N.W. 109 STREET
MEDLEY FL 33178

2. Principal Place of Business

9960 NW 116th Way

Suite, Apt. #, etc.

Suite 13

City & State

Medley, Florida

Zip

33178-1175

Country

USA

3. Mailing Address

9960 NW 116th Way

Suite, Apt. #, etc.

Suite 13

City & State

Medley, Florida

Zip

33178-1175

Country

USA

4. FEI Number

65-0876139

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES & FERNANDEZ
101 MADEIRA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUSCO, EDUARDO 9390 N.W. 109 STREET MEDLEY FL 33178	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOTOLONGO, RAUL O 9390 N.W. 109 STREET MEDLEY FL 33178	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, RAUL 9390 N.W. 109 STREET MEDLEY FL 33178	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUSCO, JORGE 9390 NW 109 ST. MEDLEY FL 33178	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP CUSCO, EDUARDO 9960 NW 116 WAY, Suite 13 Medley, FL 33178	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SOTOLONGO, RAUL 9960 NW 116 Way, Suite 13 Medley, FL 33178	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, RAUL 9960 NW 116 Way, Suite 13 Medley, FL 33178	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUSCO, JORGE 9960 NW 116 Way, Suite 13 Medley, FL 33178	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

03/18/02 (305) 885-6464

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91553 021 ****55.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)