

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90888 002 \*\*\*150.00

**DOCUMENT #** P00000075876

**1. Entity Name**

**A & B RENTERIA FREIGHT**

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

**244 N.W. 11th Ave.**

Suite, Apt. #, etc.

**Suite # 8**

City & State

**Miami, Fl., 33128**

Zip

**33128**

Country

**US**

**3. Mailing Address**

**244 N.W. 11 Ave.**

Suite, Apt. #, etc.

**Suite # 8**

City & State

**Miami Fl**

Zip

**33128**

Country

**US**

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**65-1030606**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

**ALEXANDER RENTERIA**

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

**244 N.W. 11th Avenue**

**Suite No. 8**

City

**Miami**

**FL**

Zip Code

**33128**

**DO NOT WRITE  
IN THIS SPACE**

**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.

**Alexander Renteria**

**4/26/02**

(NOTE: Registered Agent signature required when reinstating)

DATE

**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** P  
**NAME** ALEXANDER RENTERIA  
**STREET ADDRESS** 244 NW 11 Av # 8  
**CITY-ST-ZIP** MIAMI, FL., 33128

**TITLE** VP  
**NAME** BETTY RODRIGUEZ  
**STREET ADDRESS** 244 NW 11 Ave # 8  
**CITY-ST-ZIP** Miami Fl., 33128

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CR2E034B (12/01)

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305-382-0900 4/26/02**