

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/8/

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90147 023 \*\*\*150.00

**DOCUMENT # 440731**

1. Entity Name  
**DISTRITO TRUCKING INC.**



Principal Place of Business  
**21801 SW 167TH AVE  
PO BOX 506  
GOULDS FL 33170**

Mailing Address  
**PO BOX 506  
GOULDS FL 33170**



2. Principal Place of Business  
**21801 SW 167TH AVE  
P.O. Box 506, GOULDS FL 33170**

3. Mailing Address  
**GOULDS, FL  
P.O. Box 506, FL 33170**

Suite, Apt. #, etc.  
**P.O. Box 506**

Suite, Apt. #, etc.  
**Box 506**

City & State  
**GOULDS FL**

City & State  
**GOULDS, FL**

Zip  
**33170**

Country  
**USA**

4. FEI Number  
**59-1580057**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**EFTHIMIOU, GUS, JR.  
169 E. FLAGLER ST.  
MIAMI FL 33131**

## 7. Name and Address of New Registered Agent

Name  
**Joe D. Strite**  
Street Address (P.O. Box Number is Not Acceptable)  
**21801 SW 167TH AVE, GOULDS FL 33170**  
P.O. Box 506  
City  
**GOULDS FL** Zip Code  
**33170**

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

*Joe D. Strite*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-5-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	PS	<input type="checkbox"/> Delete
NAME	<b>DISTRITO, A. CATHERINE</b>	
STREET ADDRESS	<b>21801 SW 167 AVE</b>	
CITY-ST-ZIP	<b>GOULDS FL</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>DISTRITO, JOSEPH</b>	
STREET ADDRESS	<b>21801 SW 167 AVE</b>	
CITY-ST-ZIP	<b>GOULDS FL</b>	
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		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address with all other state employees.

SIGNATURE:

*Joe D. Strite*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-5-03**

Date

**305-248-8122**

Daytime Phone #

CR2E034 (10/02)