

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90005 013 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 609509</b>			
<b>1. Entity Name</b> <b>AMERICAN TRUCK LINES, INC.</b>			
<b>Principal Place of Business</b> <b>12060 N.W. S. RIVER DRIVE</b> <b>MEDLEY FL 33178</b>		<b>Mailing Address</b> <b>12060 N.W. S. RIVER DRIVE</b> <b>MEDLEY FL 33178-1111</b>	
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip		<b>3. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip	
Country		Country	
<b>6. Name and Address of Current Registered Agent -</b>			
<b>ACOSTA, ALEJANDRO</b> <b>12060 N.W. S. ROVER DRIVE</b> <b>MEDLEY FL 33178</b>		Name Street Address  City	

**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 \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STP</b> <b>ACOSTA, ALEJANDRO</b> <b>12060 N.W. S. RIVER DR.</b> <b>MEDLEY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/99)

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:**

ALEJANDRO ACOSTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/2000 (305) 888-1717

Date \_\_\_\_\_

Daytime Phone #