

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90022 043 ***150.00

C0012308



DO NOT WRITE IN THIS SPACE

DOCUMENT # 697818

1. Entity Name
TAPANES & SONS TRUCKING SERVICES, INC.

Principal Place of Business 11554 N.W. 88 AVE. HIALEAH GARDENS FL 33016	Mailing Address 11554 N.W. 88 AVE. HIALEAH GARDENS FL 33018-1962
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2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2109818		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
TARRADEEL, EUSEBIO F 4840 NW 184TH TERRACE MIAMI FL 33055				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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BORGES, ALINA			NAME			
STREET ADDRESS	11554 N.W. 88 AVE.			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH GARDENS FL 33016			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAPANES, ARMANDO JR.			NAME			
STREET ADDRESS	11554 N.W. 88 AVE.			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH GARDENS FL 33016			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALVAREZ, RAFAEL L			NAME			
STREET ADDRESS	11554 N.W. 88 AVE.			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH GARDENS FL 33016			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BORGES, JORGE A			NAME			
STREET ADDRESS	11554 N.W. 88 AVE.			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH GARDENS FL 33016			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Alina Borges ALINA BORGES PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1/14/00 Daytime Phone # _____

CR2E034 (9/99)