2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G43330

1. Entity Name

WAYNE JONES TRUCKING, INC.

Principal Place of Business	Mailing Address	
4250 E 4TH AVE HIALEAH FL 33013	4250 E 4TH AVE HIALEAH FL 33013	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

FILED Apr 20, 2001 8:00 am Secretary of State 04-20-2001 90188 005 ***150.00

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2. Principal Place of Business 3.			3. Mailing Address	3. Mailing Address					ALAH CIAN AN		
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SE	PACE		
City & State			City & State	City & State			FEI Number 59-2292478		<u> </u>	pplied For	7
Zip		Country	Zip Co		ntry	5. (5. Certificate of Status Desired		8.75 Ad		1
6. Name and Address of Current Registered Agent				1	Fee Required						
	o. Name	and Address of Curren	it Hegistered Agent		Name	7. N	Name and Address of New Re	gistered A	jent		4
ION	COTIMAVAIC	R			name						- -
					Street Address (P.O. Box Number is Not Acceptable)						
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HIAL	EAH FL 330	013					- "- "				1
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					City			FL	Zip Cod	le	1
8. The above	named entity	submits this statement f	for the purpose of changing i	ts renister	ed office or rec	nistered ac	ent, or both, in the State of Flori	da	1		1
0. 1/10 00010	rianica chary	oddinio una diatoment	or the purpose of changing t	is register	ad Ollice Ol Tef	gistered agr	erii, or boill, ill life state of Fiori	ua.			
SIGNATURE	Signature, typed o	r printed name of registered agen	nt and title if applicable. (NC	TF: Registere	d Agent signature re	aguired when re	ainstating)	DATE			
			· · · · · · · · · · · · · · · · · · ·					DAIL			4
		ole to satisfy its Intangibl	e FILE NOW	/!!! FEE	IS \$150.00		10. Election Campaign Finar	ncina	¢E C		İ
Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2001 Fee will be \$550.00			Trust Fund Contribution.	.c9	Φ.C φ Addec	May Be		
(See Chief	na on back)	 \$	Make Check Paya	able to De	epartment of	State					
11.		OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOR!	S IN 11	1
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CITY-ST-ZIP	BLOOMING	DALE GA		CITY-	·ST-ZIP						}
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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: NAUCH TORES

SIGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICEBORD