

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L000000015340**

1. Entity Name

Flores Boys Trucking, LLC

Principal Place of Business

Mailing Address

301 Spanish Trail SW  
LaBelle, FL 33935

P. O. Box 2727  
LaBelle, FL 33975

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1062607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 JUN 25 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

Juan P. Flores  
301 Spanish Trail SW  
LaBelle, FL 33935

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

300004463103--1  
-07/06/01--01113--006  
\*\*\*\*\*100.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

TITLE ☐ Delete  
NAME Juan G. Flores  
STREET ADDRESS 301 Spanish Trail SW  
CITY-ST-ZIP LaBelle, FL 33935 MGR

TITLE ☐ Delete  
NAME Juan P. Flores  
STREET ADDRESS 301 Spanish Trail SW  
CITY-ST-ZIP LaBelle, FL 33935 MGR

TITLE ☐ Delete  
NAME Jose Flores  
STREET ADDRESS 555 Sabal Palm Ct.  
CITY-ST-ZIP LaBelle, FL 33935 MGR

TITLE ☐ Delete  
NAME Refugio Flores  
STREET ADDRESS 301 Spanish Trail SW  
CITY-ST-ZIP LaBelle, FL 33935 MGR

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/14/01

863 675-4424

CR2E083 (11/00)