

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000018454**

1. Entity Name

TRAILER USA, LLCFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 31 AM 11:18

Principal Place of Business

Mailing Address

**8470 SW 37TH STREET
MIAMI FL 33155****8470 SW 37TH STREET
MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

8470 SW 37ST
Suite, Apt. #, etc.**8470 SW 37ST**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL 33155Zip
33155Country
USA

City & State

MIAMI FL 33155Zip
33155Country
USA

4. FEI Number

65-1146808

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, YOVANI
8470 SW 37TH STREET
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name **PEREZ, YOVANI**

Street Address (P.O. Box Number is Not Acceptable)

8470 SW 37STCity **MIAMI**

FL

Zip Code **33155**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002**

CR2E083 (4/02)

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MANAGER	YOVANI PEREZ	8470 SW 37TH ST.	MIAMI, FL 33155	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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

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 REQUIRED YOVANI PEREZ**8/29/02****(305) 552-8768**

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

Date

Daytime Phone #