

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90078 041 \*\*\*\*50.00

**DOCUMENT # L02000008844**

1. Entity Name

**UNIVERSAL TRUCKING SERVICES LLC**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

**15925 SW 50 Terr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI FL**

4. FEI Number

**30-0071518**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33185**

**USA**

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent.

**YEUNG, PUI L  
8470SW 37TH STREET  
MIAMI FL 33155**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]* **PUI L. YEUNG**

(NOTE: Registered Agent signature required when reinstating)

**4/15/03**

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **YEUNG, PUI L**  
STREET ADDRESS **8470SW 37TH STREET**  
CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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]* **YEUNG, PUI L**

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

**4/15/03**

Date

**786-290-4791**

Daytime Phone #

CF2E083 (10/02)