

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000765

1. Entity Name
NELSON TRUCK SALES, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 13 PM 5:00

Principal Place of Business
7750 N.W. 52ND STREET
MIAMI FL 33166

Mailing Address
7750 N.W. 52ND STREET
MIAMI FL 33166-4709



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0645861

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEMAN, PAUL H
1001 BRICKELL BAY DR., #1200
MIAMI FL 33131

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 _____

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS MARTINEZ, NELSON
CITY- ST- ZIP 7750 N.W. 52ND STREET
MIAMI FL 33166 ☐ Delete

TITLE NAME 700003187507-4
STREET ADDRESS -03/28/00--01081--020
CITY- ST- ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME MEM
STREET ADDRESS FREEMAN, PAUL H
CITY- ST- ZIP 7750 N.W. 52ND STREET
MIAMI FL 33166 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
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CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-8-2000 0857 591 3300
Date Daytime Phone #

CR2E083 (9/99)