

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90397 035 ***150.00

DOCUMENT # P00000011070

1. Entity Name
S RIVERA TRUCKING CORP

Principal Place of Business

2746 WEST 60TH STREET
HIALEAH FL 33016-4726

Mailing Address

2746 WEST 60TH STREET
HIALEAH FL 33016-4726



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 824881

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 824881

Suite, Apt. #, etc.

City & State

S. FLORIDA, FL

City & State

S. FLORIDA, FL

4. FEI Number

65-0983015

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERA, SOFIEL

2746 WEST 60TH STREET
HIALEAH FL 33016-4726

7. Name and Address of New Registered Agent

Name

RIVERA SOFIEL

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

1200 E. HALLANDALE BOY BLVD
#1004

City

HALLANDALE

FL

Zip Code

33009

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)

04/09/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, SOFIEL	
STREET ADDRESS	2746 WEST 60TH STREET	
CITY-ST-ZIP	HIALEAH FL 33016-4726	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA SOFIEL	
STREET ADDRESS	P.O. Box 824881	
CITY-ST-ZIP	SOUTH FLORIDA, FL 33082-4881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/09/02

954-457-0970

CR2E034 (9/01)