

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90136 050 ***150.00

DOCUMENT # P00000017787

1. Entity Name
BEMA TRUCKING & MATERIAL, INC.



Principal Place of Business
**8735 N.W. 151 TERR.
MIAMI FL 33018**

Mailing Address
**8735 N.W. 151 TERR.
MIAMI FL 33018**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARQUEZ, BRAYNERT
8735 N.W. 151 TERR.
MIAMI FL 33018**

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

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **MARQUEZ, BRAYNERT**
STREET ADDRESS **11300 NW 87TH COURT**
CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03
Date

(305) 824-1735
Daytime Phone #

CR2E034 (10/02)

Attachment

00000017787

1/10/2003

FLA DEPARTMENT OF STATE

**150.00

One Hundred Fifty and 00/100*****

80004262

FLA DEPARTMENT OF STATE

1/10/2003

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
01/10/2003	Bill		150.00	150.00		150.00
				Check Amount		150.00

Union Planters

150.00

FLA DEPARTMENT OF STATE

1/10/2003

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
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Union Planters

150.00