

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040046

1. Entity Name
ACCURATE TRUCKING, INC.

Principal Place of Business
6935 WEST 17 COURT
HIALEAH FL 33014

Mailing Address
6935 WEST 17 COURT
HIALEAH FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
05-1001331

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when re-issuing)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
PD HERNANDEZ, WILFREDO
STREET ADDRESS
6935 WEST 17 COURT
CITY- ST- ZIP
HIALEAH FL 33014 ☐ Delete

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

TITLE NAME
VD NAVARRETE, OSCAR
STREET ADDRESS
6935 WEST 17 COURT
CITY- ST- ZIP
HIALEAH FL 33014 ☐ Delete

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

TITLE NAME
STD BRANDINO, LINDA H
STREET ADDRESS
6935 WEST 17 COURT
CITY- ST- ZIP
HIALEAH FL 33014 ☐ Delete

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

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

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

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

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

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

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

FILED
May 19, 2001 8:00 am
Secretary of State

04-30-2001 90384 045 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

3/8/01. 305-637-7011