

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91760 014 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041483

1. Entity Name
PALM BEACH TRUCK PARKING, INC.

Principal Place of Business
7135 SOUTHERN BLVD
WEST PALM BEACH FL 33413

Mailing Address
7135 SOUTHERN BLVD
WEST PALM BEACH FL 33413

673236



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		3448 10th Ave North	
City & State		Palm Springs FL	
Zip	Country	Zip	Country
33461		P.B	

4. FEI Number	65-1009456	Applied For
		Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ROMERO, CARLOS 7135 SOUTHERN BLVD WEST PALM BEACH FL 33413

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMERO, CARLOS 10425 NW 35TH AVE MIAMI FL 33147 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VICTORIA, JOSE I 3448 10TH AVE NORTH PALM SPRINGS FL 33481 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice, President ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE 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
Date: 2/18/02 (561) 965-4261
Daytime Phone #

CR2034 (9/01)