

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90031 039 \*\*\*150.00

**DOCUMENT #** P00000043168

**1. Entity Name**  
 TAVAREZ TRUCKING, INC.

A0055162

**Principal Place of Business**      **Mailing Address**  
 18336 NW 6th St.,  
 Pembroke Pines FL 33029

**2. Principal Place of Business**      **3. Mailing Address**  
 18336 NW 6th Street  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
 Pembroke Pines  
**Zip**      **Country**      **Zip**      **Country**  
 33029

**4. FEI Number**      **Applied For**  
 65-1009897       Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

MARIA P. CUARTAS  
 18336 N.W 6th Street  
 Pembroke Pines FL 33029

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title 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, 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**

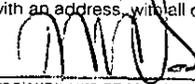
**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> PD	<input type="checkbox"/> Delete	MARIA P. CUARTAS 18336 N.W 6th Street Pembroke Pines FL 33029
<b>TITLE</b> NAME	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b>	<input type="checkbox"/> Delete	
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b>	<input type="checkbox"/> Delete	
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b>	<input type="checkbox"/> Delete	
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b>	<input type="checkbox"/> Delete	
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	

<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **3/14/01**      **(954) 447-9739**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (11/00)