

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90205 047 ***150.00

DOCUMENT # P00000055087

1. Entity Name
I.E.C. TRUCKING INC.



Principal Place of Business
**674 NW 134 PLACE
MIAMI FL 33182**

Mailing Address
**674 NW 134 PLACE
MIAMI FL 33182**

2. Principal Place of Business

13800 SW 8th ST

3. Mailing Address

13800 SW 8th ST

Suite, Apt. #, etc.

371

Suite, Apt. #, etc.

371

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33184

Country

USA

Zip

33184

Country

USA

4. FEI Number

65-0699918

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**RUBIO, ROLANDO
674 NW 134 PLACE
MIAMI FL 33182**

7. Name and Address of New Registered Agent

Name
RUBIO ROLANDO
Street Address (P.O. Box Number is Not Acceptable)
**13800 SW 8th ST
371**
City
MIAMI FL Zip Code
33184

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]
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	D	<input checked="" type="checkbox"/> Delete
NAME	RUBIO, ROLANDO	
STREET ADDRESS	674 NW 134 PLACE	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RUBIO, JOSUE	
STREET ADDRESS	13240 S.W. 57TH TERR., APT. #4	
CITY-ST-ZIP	MIAMI FL 33183	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIO ROLANDO	
STREET ADDRESS	13800 SW 8th ST #371	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIO JOSUE	
STREET ADDRESS	13800 SW 8th ST #371	
CITY-ST-ZIP	MIAMI FL 33184	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)