

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91153 013 ***150.00

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DOCUMENT # P00000055124

1. Entity Name

RARAL TRUCKING, INC.



Principal Place of Business

**14301 SW 115 TERRACE
MIAMI FL 33186-7041**

Mailing Address

**14301 SW 115 TERRACE
MIAMI FL 33186-7041**

11040070



2. Principal Place of Business

14301 SW 115 TERRACE

3. Mailing Address

14301 SW 115 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami

City & State

City & State

FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1015311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, RAFAELA
14301 SW 115 TERRACE
MIAMI FL 33186-7041**

7. Name and Address of New Registered Agent

Name **Rafaela Rodriguez (Rafal)**
Street Address (P.O. Box Number is Not Acceptable) **14301 SW 115 TERRACE**
Miami
City **FL** Zip Code **33186**

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 **VTD** ☐ Delete
NAME **LUGO, ALBERTO**
STREET ADDRESS **14301 SW 115 TERR**
CITY-ST-ZIP **MIAMI FL 33186-7041**

TITLE **PSD** ☐ Delete
NAME **RODRIGUEZ, RAFAELA**
STREET ADDRESS **14301 SW 115 TERR**
CITY-ST-ZIP **MIAMI FL 33186-7041**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

4-25-03 786402743
Date Daytime Phone #

CR2E034 (10/02)