2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000061785 DOCUMENT



1. Entity Name MAXIMO HERRERA TRUCKING, INC.								04-28-2003 9	1376 038	***150.0	00	•
Principal Place of Business 3291-20 AVENTE NAPTES FL 34120 LY RoyAC LOVE DR WADLES FL 34110				Mailing Address 3291-20 AVE NE NAPLES FL 31720 P.O. BOX NADLES	171							
2. Principal F	Place of Busine	ess		3. Mailing Address				a ceditada sia Batti Abilit Abilit Abili		11 81 11811 18 48 1		
Suite, Apt. #, etc.				Suite, Apt. #, etc.		,		CHECK HERE IF MAKING CHANGES				
City & Star	nte			City & State	_		4. FEI	Number 59-3655558		<u> </u>	oplied For ot Applicable	}
Zip		Country		Zip	Cour	ntry	5. Ceri	ificate of Status Desired		\$8.75 Add	ditional	
	6. Name a	and Addres	s of Current Re	egistered Agent		T	7. Nan	ne and Address of New R				1
						Name						1
HERRER/ 3291-20	A, MAXIMO A ve Ne	•				Street Addres	s (P.O. Box I	Number is Not Acceptable)			
MAPLES	FL 34120-	BUR	06			./					7	1
/	es fl.	3411	0			City			FL	Zip Cod	e	
8. The above			s statement for t	he purpose of changir	ng its register	ed office or regis	tered agent,	or both, in the State of Flo	rida. I am fa	amiliar with,	and accept	
SIGNATURE			·					· · · · · · · · · · · · · · · · · · ·				{
	Signature, typed or	r printed name	of registered agent and	d title if applicable.	(NOTE: Registere	ed Agent signature requi	red when reinsta	ting)	DATE			ļ
	FILE NOW!!!	FEE IS	\$150.00					• Electi Occasion Fi		# F 0	_	
	r May 1, 2003	Fee will	be \$550.00	State			}	Election Campaign Fin Trust Fund Contribution			0 May Be to Fees	
	r May 1, 2003	Fee will Florida D			11.		ADDIT	Trust Fund Contribution	n. 🗀	Added	to Fees	
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

239-64/-1293