

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 06, 2001 8:00 am**
Secretary of State

03-06-2001 90324 024 ***150.00

DOCUMENT # P00000063098

1. Entity Name

E.L. & KELLY TRUCKING CORP.

Principal Place of Business

3900 NW 79 AVENUE SUITE 326
MIAMI FL 33166

Mailing Address

3900 NW 79 AVENUE SUITE 326
MIAMI FL 33166

2. Principal Place of Business

9540 S.W. 162 Path

Suite, Apt. #, etc.

3. Mailing Address

9540 S.W. 162 Path

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1019912

Applied For

Not Applicable

Zip

33196

Country

Zip

33196

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CERRO, RAQUEL**3900 NW 79 AVENUE SUITE 326****MIAMI FL 33166**

Name

ERNESTO PRIDA

Street Address (P.O. Box Number is Not Acceptable)

9540 S.W. 162 Path

City

Miami**FL**Zip Code
33196

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-019. 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 State10. 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

TITLE **D** ☒ Delete
NAME **CERRO, RAQUEL**
STREET ADDRESS **3900 NW 79 AVENUE SUITE 326**
CITY-ST-ZIP **MIAMI FL 33166**TITLE **P** ☒ Change ☐ Addition
NAME **ERNESTO PRIDA**
STREET ADDRESS **9540 S.W. 162 Path**
CITY-ST-ZIP **Miami, FL 33196**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-01

CR2E034 (10/00)