

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90879 035 ***150.00

DOCUMENT # **P00000073426**

1. Entity Name

STRAITS TRUCKING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3310 Pinewalk Dr. N.

3. Mailing Address

3310 Pinewalk Dr. N.

Suite, Apt. #, etc.

1818

Suite, Apt. #, etc.

1818

City & State

Margate FL.

City & State

Margate FL.

Zip

33063

Country

Broward

Zip

33063

Country

Broward

4. FEI Number

65-1033373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES DESNOYERS

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

3310 Pinewalk Dr. N. #1818

City

Margate FL.

FL

Zip Code

33063

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE **PVST**
NAME **JAMES DESNOYERS**
STREET ADDRESS **3310 Pinewalk Dr. N. #1818**
CITY-ST-ZIP **Margate FL. 33063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **JAMES DESNOYERS**
STREET ADDRESS **3310 Pinewalk Dr. N. #1818**
CITY-ST-ZIP **Margate FL. 33063**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **JAMES DESNOYERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES DESNOYERS - PRESIDENT 4/26/02 954-309-8207

Date

Daytime Phone #

CR2E034B (12/01)