

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

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

05-21-2002 90888 002 ***150.00

DOCUMENT # P00000075876

1. Entity Name

A & B RENTERIA FREIGHT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

244 N.W. 11th Ave.

Suite, Apt. #, etc.

Suite # 8

City & State

Miami, Fl., 33128

Zip

33128

Country

US

3. Mailing Address

244 N.W. 11 Ave.

Suite, Apt. #, etc.

Suite # 8

City & State

Miami Fl

Zip

33128

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1030606

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ALEXANDER RENTERIA

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

244 N.W. 11th Avenue

Suite No. 8

City

Miami

FL

Zip Code

33128

**DO NOT WRITE
IN THIS SPACE**

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.

Alexander Renteria

4/26/02

(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 P
NAME ALEXANDER RENTERIA
STREET ADDRESS 244 NW 11 Av # 8
CITY-ST-ZIP MIAMI, FL., 33128

TITLE VP
NAME BETTY RODRIGUEZ
STREET ADDRESS 244 NW 11 Ave # 8
CITY-ST-ZIP Miami Fl., 33128

TITLE
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CR2E034B (12/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-382-0900 4/26/02