## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Mar 28, 2001 8:00 am DOCUMENT # P0000077315 Secretary of State CORDOBA TRUCKING, INC. 03-28-2001 90213 039 \*\*\*150.00 Principal Place of Business Mailing Address 9980 SOUTHWEST 38TH TERRACE 9980 SOUTHWEST 38TH TERRACE MIAMI FL 33165 **MIAMI FL 33165** 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1033949 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARIA CORDOBA SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 9980 S.W. 38TH TERR. 343 ALMERIA AVENUE CORAL GABLES FL 33134 City MIAMI Zip Code 8. The above name ity submits,this s;📵 ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. MARIA CORDOBA/ PRESIDENT registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD ☐ Change Addition TITLE ☐ Delete TITLE CORDOBA, MARIA NAME NAME 9980 SOUTHWEST 88TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF **MIAMI FL 33165** ☐ Change ☐ Addition ☐ Delete TITI F TITLE CORDOBA, OSCAR NAME NAME 9980 SOUTHWEST 88TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP MIAMI FL 33165 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 all other like empowered.

MARIA CORDOBA

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/01

Daytime Phone #