

# 2001 UNIFORM BUSINESS REPORT (UBR)

0098450

DOCUMENT # P00000083239

1. Entity Name

ALY TRUCKING INC.

Principal Place of Business

7848 NW 192ND STREET  
MIAMI FL 33015

Mailing Address

7848 NW 192ND STREET  
MIAMI FL 33015

2. Principal Place of Business

11500 NW SO RIVER DR  
Suite, Apt. #, etc.  
#3

3. Mailing Address

PO BOX 126715  
Suite, Apt. #, etc.

City & State

MEDLEY, FL

City & State

HIALEAH, FL

Zip

33178

Country

Zip

33012

Country

4. FEI Number

65-1039243

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ABREAU, MARIO A  
7848 NW 192ND STREET  
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

CLARA N FIGUEROA

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

11500 NW SO RIVER DR

#3

City

MEDLEY

FL

Zip Code  
33178

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

*Clara N Figueroa*

2/8/01

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	PD	<input checked="" type="checkbox"/> Delete
NAME	ABREU, MARIO A	
STREET ADDRESS	7848 NW 192ND STREET	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LANTIGUA, OMAR A	
STREET ADDRESS	3236 WEST 77TH PLACE	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARA N FIGUEROA	
STREET ADDRESS	11500 NW SO RIVER DR #3	
CITY-ST-ZIP	MEDLEY, FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4000003709154-015  
-02/19/01--01030--015  
\*\*\*\*158.75 \*\*\*\*158.75

KE

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.

SIGNATURE:

*Clara N Figueroa*

CLARA N FIGUEROA P

(786) 402-8247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)