

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90299 031 ***150.00

DOCUMENT # P00000090751

1. Entity Name

C J TRUCKING SERVICES, INC.

Principal Place of Business

1616 RIVER REACH DR. #51
 ORLANDO FL 32828

Mailing Address

1616 RIVER REACH DR. #51
 ORLANDO FL 32828

2. Principal Place of Business

11720 Bentry St.

Suite, Apt. #, etc.

Orlando FL

City & State

32824

Zip

Country
 Orange

3. Mailing Address

11720 Bentry St.

Suite, Apt. #, etc.

Orlando FL

City & State

32824

Zip

Country
 Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3673344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARRERO, CARMEN

1616 RIVER REACH DR. #51

ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	D	<input checked="" type="checkbox"/> Delete
NAME	MARRERO, JOEL	
STREET ADDRESS	1616 RIVER REACH DR. #51	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARRERO, CARMEN	
STREET ADDRESS	1616 RIVER REACH DR. #51	
CITY-ST-ZIP	ORLANDO FL 32828	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marrero Joel	
STREET ADDRESS	11720 Bentry St.	
CITY-ST-ZIP	Orlando FL, 32824	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carmen Marrero	
STREET ADDRESS	11720 Bentry St.	
CITY-ST-ZIP	Orlando FL, 32824	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Carmen Marrero
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02
 Date

(807) 854-5326
 Daytime Phone #

CR2E034 (9/01)