

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name

FLORIDA STATE TRUCKING INC

FILED

02 AUG 21 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
8399 NW 66 Street Suite # 1 Miami, FL 33166		11303 NW 53 Lane Miami, FL 33178	
2. Principal Place of Business		3. Mailing Address	
8399 NW 66 St. # 1 Suite, Apt. #, etc. Suite # 1		11303 NW 53 Lane Suite, Apt. #, etc.	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33166	Dade	33178	Dade
4. FEI Number		5. Certificate of Status Desired	
65-1045042		☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name Oscar Faria	
		Street Address (P.O. Box Number is Not Acceptable)	
		11303 NW 53 Lane	
		City Miami	
		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

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.) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 Max. \$5.00 Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	TITLE	P
NAME	Maria Cano Escobar	NAME	Oscar Faria
STREET ADDRESS	7734 w 29 ln.#202,Hialeah,FL	STREET ADDRESS	440 W Park Drive # 106
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33172
TITLE	VP	TITLE	VP
NAME	Greco Garrido	NAME	Oscar A. Faria
STREET ADDRESS	4617 nw 97 ct	STREET ADDRESS	11303 NW 53 Lane
CITY-ST-ZIP	Miami, FL 33178	CITY-ST-ZIP	Miami, FL 33178
TITLE	S	TITLE	S
NAME	Carlos Serra	NAME	Oscar A. Faria
STREET ADDRESS	7734 w 29 ln#202	STREET ADDRESS	11303 NW 53 ln
CITY-ST-ZIP	Hialeah, FL 33016	CITY-ST-ZIP	Miami, FL 33178
TITLE	GM	TITLE	
NAME	Gonzalo Borjas	NAME	
STREET ADDRESS	9621 Fountaineblea Blvd	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33172	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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, director, or 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 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bertha

8/16/02 (305) 477-7662