

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90387 029 ***150.00

DOCUMENT # P01000016167

1. Entity Name

CALIFORNIA TRUCKING, INC.

Principal Place of Business

**4546 W. MINNEHAHA ST.
TAMPA FL 33614**

Mailing Address

**4546 W. MINNEHAHA ST.
TAMPA FL 33614**

2. Principal Place of Business

6514 LA MESA CR.
Suite, Apt. #, etc.

3. Mailing Address

6514 LA MESA CR.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
TAMPA FL.

City & State
TAMPA FL.

4. FEI Number
59-3699285

Applied For
Not Applicable

Zip
33634

Country
HILLSDALE

Zip
33634

Country
HILLSDALE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MENDOZA, OMAR R
4546 W. MINNEHAHA ST.
TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name **OMAR R. MENDOZA**
Street Address (P.O. Box Number is Not Acceptable)
6514 LA MESA CR.
City **TAMPA** FL Zip Code **33634**

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 **OMAR R. MENDOZA** DATE **4-8-2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENDOZA, OMAR R 4546 W. MINNEHAHA ST. TAMPA FL 33614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MENDOZA, CRISTINA 4546 W. MINNEHAHA ST. TAMPA FL 33614	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PERREA, AMARILIS 4546 W. MINNEHAHA ST. TAMPA, FL. 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President HERNANDEZ, FRANCISCO 4546 W. MINNEHAHA STREET TAMPA, FL. 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **OMAR R. MENDOZA, President** #8/2 (203) 901-0399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)