FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 20, 2002 8:00 am P01000016617 Secretary of State DOCUMENT # 1. Entity Name 02-20-2002 90097 010 \*\*\*150.00 E. J. TRUCKING SERVICES CORP. Principal Place of Business Mailing Address 560 W. 39 ST. 560 W. 39 ST. HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address 50 Eas 23 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Gity & State 4. FEI Number Applied For tialeah 65 - 107784Z Not Applicable Country USA Zip Zip С<u>ош</u>ntry \$8.75 Additional 5. Certificate of Status Desired *3*30/3 33013 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COSTILLO, ELVIN JOSE Street Address (P.O. Box Number is Not Acceptable) 560 W. 39 ST. 05 HIALEAH FL 33012 Zip Code 33013 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE TITLE Change ☐ Addition Delete NAME CASTILLO, ELVIN J NAME 560 W. 39 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP TITLE Delete TITLE # CHange ☐ Addition. NAME CASTILLO, MARALYS NAME STREET ADDRESS 560 W. 39 ST. STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete □ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Addition 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)(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