2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P01000026068

DOCUMENT # 1. Entity Name



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90135 019 ***150.00

VICTORY	TRUCKING, INC.							
Principal Place of Business 12305 S DIXIE HWY MIAMI FL 33156		Mailing Address 12305 \$ DIXIE HWY MIAMI FL 33156	12305 S DIXIE HWY			E INTELLORE ILE NELTE FINIL ANGLE NOIL NOIL NOIL NOIL	11 313 3 1131 33 1	<u> </u>
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING	CHANGE	:S
City & State		City & State		-	4. FEI Number 65~1084348		Applied For Not Applicable	
Zip	Country	Zip	Zip Country			5. Certificate of Status Desired	\$8.75 A Fee Requi	Additional
	6. Name and Address of Curren	t Registered Agent				7. Name and Address of New Registered	Agent	
GORMAN, LENARD H				Name			72 -	-L I:
				Street A	ddress (P	P.O. Box Number is Not Acceptable)		
1320 S DIXIE HWY, STE 1275 CORAL GABLES FL 33146								
CORAL G	ADLES FL 33146			City		FL	Zip Co	ode
9 The above	named entity submits this statement f	or the purpose of changing	ite registere	d office or	ragiatoro	ed agent, or both, in the State of Florida. I am	familiar wit	h and account
	tions of registered agent.	or the purpose of changing	its registere	ed office or	registere	d agent, or doth, in the state of Florida. Tank	iamiliai witi	n, and accept
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (N	OTE: Registered	d Agent signatu	v beriuper eru	when reinstating) DATE		
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department c					9. Election Campaign Financing Trust Fund Contribution. []		.00 May Be led to Fees
10.	OFFICERS AND	D DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 11
TITLE			TITLE				Change	
NAME	FONTECILLA, CARLOS		, NAME	E				
STREET ADDRESS	12305 S DIXIE HWY		1 /	et address				
CITY-ST-ZIP	MIAMI FL 33156		CITY-	-ST-ZIP				
TITLE	VP ∵	☐ Delete	TITLE				Change	e ☐ Addition
NAME	BEGELMAN, CAROL		NAME					}
STREET ADDRESS CITY-ST-ZIP	12305 S DIXIE HWY MIAMI FL 33156			ET ADDRESS - ST- ZIP				
	MIAIWI FE 33 136	D p.i.e.			VP		Change	Addition
TITLE - NAME		☐ Delete	TITLE	1	4	el menual I	Change	e 📉 Addition
STREET ADDRESS		سيسد دجيبرسون المديدي سيدد		- Et address	1337	S S DIKIE HAWY		
CITY-\$T-ZIP			CITY-	-\$T-ZIP	W	EL MEDINA 5 S DIKIE HELLY 14 M TL 33156		· · · /
TITLE		☐ Delete	TITLE				[] Change	e Addition
NAME			NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			CITY-	-ST-ZIP	L			
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME	ET ADDRESS		_		
CITY-ST-ZIP				ST-ZIP	•	-		į
TITLE			πίτιε				Change	
NAME		LJ Delete	NAME				onanya	. Montion
STREET ADDRESS				et address				ļ
CITY-ST-ZIP			CITY-	·ST-ZIP				

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

8