

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90192 045 \*\*\*150.00

10128204



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P01000030545**

1. Entity Name  
**D & D HEAVY EQUIPMENT, INC.**

Principal Place of Business  
**14960 NW 89TH AVENUE**  
**MIAMI FL 33018**

Mailing Address  
**14960 NW 89TH AVENUE**  
**MIAMI FL 33018**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1086740

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SOSA, ISABEL**  
**14960 NW 89TH AVENUE**  
**MIAMI FL 33018**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**PTD**  
**SOSA, TOMAS**  
**14960 NW 89TH AVENUE**  
**MIAMI FL 33018**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**SVD**  
**SOSA, ISABEL**  
**14960 NW 89TH AVENUE**  
**MIAMI FL 33018**

☐ Delete

TITLE  
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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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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:

*Signature*

7/3/02

(305) 205-2382

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
POI 000030545  
B0128004

**D & D Heavy Equipment, Inc.**

July 4, 2002

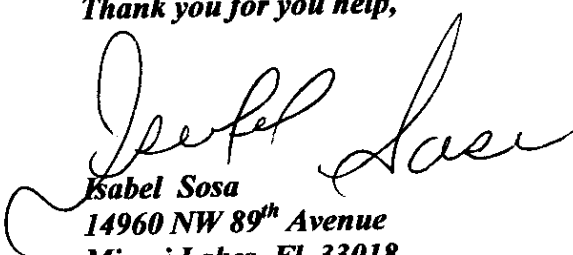
Division of Corporation  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

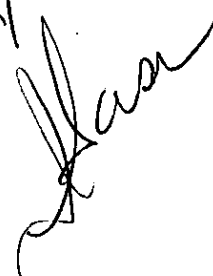
Attn: Barbara Mitchell

Per our conversation on July 2<sup>nd</sup>, my accountant prepared the 2002 Business form, I attached the check made copies and mailed out on approximately April 1<sup>st</sup>, 2002.

When I received your notice I looked into my bank statements and realized that the only check missing was yours. After speaking with you I called the bank and they informed me that check #1174 has not cleared. So enclosed I am mailing you copies of the Bank statement and a copy of the original form that was mailed on April 1, 2002 which I had made copies of, also enclosed is a check for the \$150.00 and from now on will certified it so that I am sure that this won't happen again. Please waive the late fees since I was not aware that your department had not received the form or the check till I received the notice in the mail. I am sorry for any inconvenience.

Thank you for your help,

  
Isabel Sosa  
14960 NW 89<sup>th</sup> Avenue  
Miami Lakes, FL 33018  
(305) 953-3174  
(305) 582-0478

Thank you  


1172

DATE

4-1-02

TO CPG Insurance  
Inc.FOR Backhoe InsuranceTAX  
DEDUCTIBLE ☐

TOTAL

THIS  
CHECKOTHER  
TRANS. +/-

BALANCE

250 00

6966 79

6966 79

1173

DATE

4-1-02

TO Capital OneFOR BusinessAccount

TOTAL

THIS  
CHECKOTHER  
TRANS. +/-

BALANCE

200 00

6706 79

6706 79

1174

DATE

4-1-02

TO Department of  
StateFOR Corp.

TOTAL

THIS  
CHECKOTHER  
TRANS. +/-

BALANCE

150 00

6556 79

copy of the order that  
checks were written

*[Signature]*

Attachment

P01000030545  
B0128004



**OCEAN BANK**

780 N.W. 42nd AVENUE, MIAMI, FLORIDA 33126

Attachment

PO1000030545

60108204

DIRECT ALL INQUIRIES TO: (305) 448-2265  
POST OFFICE BOX 44-1140  
MIAMI, FLORIDA 33144-1140

FROM 3-31-02 24 Page 1 of 3  
THRU 4-30-02  
331962805

DO 030  
D D HEAVY EQUIPMENT  
14960 NW 89 AVE  
MIAMI FL 33018 33018

\*\*\*\*\* ACCOUNT INFORMATION \*\*\*\*\*

331962805	CHECKING NON-PERSONAL	
PREVIOUS BALANCE	3-31-02	9,064.45
+ NUMBER/TOTAL CREDITS		2,201.50
- NUMBER/TOTAL DEBITS		7,831.73
- FEE		14.05
NEW BALANCE		3,420.17
DAYS IN STATEMENT PERIOD		30
AVERAGE DAILY BALANCE		4,854.63
AVERAGE COLLECTED BALANCE		4,638.70

\*\*\*\*\* DESCRIPTIVE TRANSACTIONS \*\*\*\*\*

Date	Tracer	Description	Amount
4-01	22	CHECKING DEPOSIT	1180.00
4-08	131	CHECKING DEPOSIT	237.50
4-22	143	CHECKING DEPOSIT	160.00
4-29	87	CHECKING DEPOSIT	624.00
4-30	999	TOTAL FEES ASSESSED	14.05

\*\*\*\*\* DAILY BALANCE SUMMARY \*\*\*\*\*

Date	Balance	Date	Balance	Date	Balance
3-31	9064.45	4-01	9044.45	4-02	6580.80
4-04	6518.30	4-05	5802.02	4-08	5309.52
4-11	5209.52	4-12	4612.13	4-17	4587.13
4-19	3826.65	4-22	3654.60	4-23	3404.60
4-24	2883.65	4-26	2810.22	4-29	3434.22
4-30	3420.17				

\*\*\*\*\*

No.	Date	Amount	No.	Date	Amount
1161	4-19	370.00	1162	4-02	225.65
1164*	4-04	62.50	1167*	4-05	80.00
1168	4-05	200.00	1169	4-10	300.00
1170-	4-01	300.00	1171-	4-05	436.28
1172-	4-23	250.00	1173-	4-08	260.00
1175*	4-02	3138.00	1176-	4-10	75.00
1177-	4-11	25.00	1178-	4-12	115.84
1179-	4-12	124.50	1180	4-19	90.48
1181	4-08	400.00	1182	4-08	70.00
1183	4-12	357.05	1185*	4-22	332.05
1186	4-24	495.95	1187	4-17	25.00
1188	4-24	25.00	1189	4-26	73.43

copy of Bank Statement

BUSINESS ACCOUNT CUSTOMERS CAN NOW TAKE ADVANTAGE OF RECEIVING THEIR MONTHLY STATEMENTS ON CD ROM FORMAT. CONTACT YOUR PERSONAL BANKING OFFICER FOR FURTHER DETAILS OR CALL (305) 569-5140 OR (305) 389-5163.....

Attachment  
PO1000030545  
B0128804

PAY TO THE ORDER OF Department of State  
Mr. Navarro L. P. Jr.  
\$ 100.00 DOLLARS  
FOR USC-2002 Doc. PO1000030545  
Jared A. Lee  
OCEAN BANK  
780 WEST BAYVIEW BLVD  
MIAMI, FL 33132  
⑆0001174⑆ ⑆0660113926⑆ 0303307628⑆05  
DATE 4.1.02  
D & D HEAVY EQUIPMENT INC.  
10960 N.W. 89TH AVE.  
MIAMI, FL 33018  
63-1139/563  
1174

(305) 446-9330

Original  
check that  
was  
mailed, I made a  
copy

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DOCUMENT # **P01000030545**

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**\$8.75** Additional Fee Required

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**\$5.00** May Be Added to Fees

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ISABEL SOSA, VP**

Date

Daytime Phone #

**3/30/02 (SOS) 205-17382**

*Attachment  
B01082046  
24576  
late Fee please  
Waive  
Barbara Mitchell*

DO NOT WRITE IN THIS SPACE

*Original Form  
was unmailed  
I made copy  
Also  
Isabel*

*check  
1174*