

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90023 009 \*\*\*150.00

**DOCUMENT # P01000031051**

1. Entity Name  
**PMS TRUCKING CO.**

Principal Place of Business

**14981 S.W. 307 STREET  
 HOMESTEAD FL 33033-4442**

Mailing Address

**14981 S.W. 307 STREET  
 HOMESTEAD FL 33033-4442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1147274**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMACHO, FELIX JR  
 14981 S.W. 307 STREET  
 HOMESTEAD FL 33033-4442**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **COMACHO, FELIX JR**  
 STREET ADDRESS **14981 S.W. 307 STREET**  
 CITY-ST-ZIP **HOMESTEAD FL 33033-4442**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Camacho Felix Jr.**  
 STREET ADDRESS **14981 SW 307 Street**  
 CITY-ST-ZIP **Homestead, FL 33033-4442**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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, with all other like empowered.

**SIGNATURE:**

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

871392

P01000031051

Homestead, Florida  
August 14, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: P01000031051  
PMS TRUCKING CO.  
14981 SW 307 STREET  
HOMESTEAD, FL 33033

To Whom It May Concern:

Upon our conversation I'm enclosing the 2002 UBR form. I have not received any related notices this year.

As per your request I'm enclosing the report with the \$150.00 fee and requesting to your office waive the penalties incurred in this situation.

Thank you for your help and I hope that this can solve this matter and avoid further penalties.

Respectfully,



FELIX CAMACHO JR.  
PRESIDENT

