

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90004 023 ***150.00

DOCUMENT # *P01000051796*

1. Entity Name

Fonseca Trucking Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9795 NW 127 St

3. Mailing Address

9795 N.W 127 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hialeah Gardens, FL

City & State
Hialeah Gardens, FL

4. FEI Number

65-1110191

Applied For

Not Applicable

Zip
33016

Country
U.S.A

Zip
33016

Country
U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Pablo Fonseca

Street Address (P.O. Box Number is Not Acceptable)

9795 NW 127 St

City
Hialeah Gardens

FL

Zip Code
33016

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
*President
Pablo P. Fonseca
9795 NW 127 St
Hialeah Gardens, FL 33016*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Vice President
Marla Fonseca
9795 NW 127 St
Hialeah Gardens, FL 33016*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Pablo P Fonseca*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-02 (786) 2516056

Date

Daytime Phone #

CR2E034B (12/01)