

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000051984 1. Entity Name IVAN TRUCKING CORPORATION		
Principal Place of Business 11535 SW 57TH ST MIAMI, FL 33173		Mailing Address 11535 SW 57TH ST MIAMI, FL 33173
2. Principal Place of Business 1510 S.W. 138 AVE	3. Mailing Address 1510 S.W. 138 AVE	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA
4. FEI Number 65-1107997	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): 1510 S.W. 138TH AVE. City: MIAMI, FLORIDA FL Zip Code: 33184	
6. Name and Address of Current Registered Agent PORTAL, IVAN 11535 SW 57TH ST MIAMI, FL 33173		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: _____ DATE: 4/11/03 <small>(NOTE: Registered Agent signature required when existing)</small>
FILE NOW!!! FEE IS \$160.00 AFTER May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PSTD NAME: PORTAL, IVAN STREET ADDRESS: 11636 SW 67TH ST CITY-ST-ZIP: MIAMI, FL 33173 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 4/11/03 (305) 742 6962 <small>Date Daytime Phone #</small>

10074645



CHECK HERE IF MAKING CHANGES

CR20034 (10/02)