

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

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90164 016 \*\*\*150.00

**DOCUMENT #**

1. Entity Name

P01000064175

PERAZA TRUCKING, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

25255 RICHBARN RD

3. Mailing Address

25255 RICHBARN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BROOKSVILLE

City & State

BROOKSVILLE

Zip

34601

Country

Zip

34601

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

REBECCA PERAZA

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

25255 RICHBARN RD

City

BROOKSVILLE

FL

Zip Code

34601

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

4-9-02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☒

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

PD

MOISESSPERAZA

25255 RICHARD BARN RD

BROOKSVILLE FL 34601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VSD

REBECA PERAZA

25255 RICHBARN RD

BROOKSVILLE FL 34601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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**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)(f), 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:

Signature and typed or printed name of signing officer or director

Vice-Pres

4-9-02

Date

Daytime Phone #