

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90453 008 ***150.00

DOCUMENT # P01000073774

1. Entity Name
TOTAL TRUCKING USA INC.



Principal Place of Business
3824 KENYON RD.
LAKE WORTH FL 33461

Mailing Address
3824 KENYON RD.
LAKE WORTH FL 33461



2. Principal Place of Business

2200 N Florida Mangrove
Suite, Apt. #, etc.
#7

3. Mailing Address

2200 N Florida Mangrove
Suite, Apt. #, etc.
#7

☐ CHECK HERE IF MAKING CHANGES

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number **65-1124576**

Applied For

Not Applicable

Zip

33409

Country

Palm Beach

Zip

33409

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOBRINO, MILEIDYS
3824 KENYON RD.
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name **Mileidys Sobrino**
Street Address (P.O. Box Number is Not Acceptable) **2200 N Florida Mangrove**
#7
City **West Palm Beach** **FL** **Zip Code** **33409**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SOBRINO, MILEIDYS**
STREET ADDRESS **3824 KENYON RD.**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **PD** ☒ Change ☐ Addition
NAME **Mileidys Sobrino**
STREET ADDRESS **2200 N Florida Mangrove RD**
CITY-ST-ZIP **West Palm Beach FL 33409**

TITLE **VP** ☐ Delete
NAME **Joel Gutierrez**
STREET ADDRESS **2200 N Florida Mangrove**
CITY-ST-ZIP **West Palm Beach FL 33409**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03 (50) 6441974
Date Daytime Phone #

CR2E034 (10/02)