

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91199 001 \*\*\*150.00

**DOCUMENT # P01000082144**

**1. Entity Name**  
**GALDOR TRUCKING CORP.**

**Principal Place of Business**  
**12345 SW 18TH ST. SUITE 314**  
**MIAMI FL 33175**

**Mailing Address**  
**12345 SW 18TH ST. SUITE 314**  
**MIAMI FL 33175**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**65-1131370**

**Applied For**  
**Not Applicable**

Zip

Country

Zip

Country

**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**

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI FL 33145**

**Name**  
**JAIRO A SANDOVAL C/O Sandoval & Associates**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**4069 HOLLY COURT**  
**City** **WESTON** **FL** **Zip Code** **33331**

**8. The above named entity certifies the state used for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE** *Armando Laboy* **ARMANDO LABOY President** **04-12-02**  
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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME** **PSTD**  
**STREET ADDRESS** **LABOY, ARMANDO**  
**CITY-ST-ZIP** **12345 SW 18TH ST, SUITE 314**  
**MIAMI FL 33175**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**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:** *Armando Laboy* **ARMANDO LABOY** **04-12-02** **954 3853140**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/01)