

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 27, 2002 8:00 am**  
**Secretary of State**

08-27-2002 90114 020 \*\*\*550.00

**DOCUMENT # P01000088551**

1. Entity Name

**BLUE TRACK TRUCKING CO.**

Principal Place of Business

**701 NW 210 ST., #718  
 MIAMI FL 33169**

Mailing Address

**701 NW 210 ST., #718  
 MIAMI FL 33169**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**Blue Track Trucking Co**  
**P.O. Box 69-5120**  
**Miami FL**  
**33269**

4. FEI Number

**65-137296**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**NZERIBE, RICHARD**  
**160 NW 178 ST., STE. 200-4**  
**MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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) ☐

**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  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, DEVON</b>	
STREET ADDRESS	<b>701 NW 210 ST., #718</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>FRANCIS, SHAMARI</b>	
STREET ADDRESS	<b>701 NW 210 ST., #718</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>GROVES, FIONA</b>	
STREET ADDRESS	<b>701 NW 210 ST., #718</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>GEDDES, FABIAN</b>	
STREET ADDRESS	<b>701 NW 210 ST., #718</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Fiona Groves</b>	
STREET ADDRESS	<b>701 NW 210 ST., #718</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEVON MARTIN</b>	
STREET ADDRESS	<b>701 NW 210 ST., #718</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

**Fiona Groves**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/27/02**

Date

Daytime Phone #

CR2E034 (9/01)