

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90709 010 ***150.00

0408838 AV

DOCUMENT # P01000091205

1. Entity Name
V&A TRUCKING, INC.

Principal Place of Business
4276 ADOLPH AVENUE
NORT PORT FL 34286

Mailing Address
~~POST OFFICE BOX 106004~~
~~PORT CHARLOTTE FL 33949~~

2. Principal Place of Business

3. Mailing Address
PO Box 381228

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Murdoch, FL

4. FEL Number
65-1139845

Applied For
☐ Not Applicable

Zip Country

Zip Country
33938-1228 Charlotte

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
ADEL BRITO
 Street Address (P.O. Box Number is Not Acceptable)
4276 ADOLPH AVE.
 City
NORTH PORT FL 34908

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 *Adel Brito*
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/11/02
 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD BRITO, ADEL 4276 ADOLPH AVENUE NORT PORT FL 34286 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BRITO, VIRGINIA 4276 ADOLPH AVENUE NORT PORT FL 34286 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Adel Brito*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02
 Date

Daytime Phone #

CR2E034 (9/01)