

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90353 002 ***150.00

DOCUMENT # P01000092223

1. Entity Name
TRUCKLAND SALES & SERVICES, INC.

Principal Place of Business

845 W. 79TH PLACE
HIALEAH FL 33014

Mailing Address

845 W. 79TH PLACE
HIALEAH FL 33014

2. Principal Place of Business

7715 NW 75 Ave

Suite, Apt. #, etc.

3. Mailing Address

7715 NW 75 Ave

Suite, Apt. #, etc.

City & State

Medley, FL

City & State

Medley, FL

4. FEL Number

05-1138473

Applied For

Not Applicable

Zip
33166

Country

Dade

Zip
33166

Country

Dade

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

6. Name and Address of Current Registered Agent

IBARRIA-GASTON, AIMED
845 W. 79TH PLACE
HIALEAH FL 33014

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
D ☐ Delete
NAME
IBARRIA-GASTON, AIMED
STREET ADDRESS
845 W. 79TH PLACE
CITY-ST-ZIP
HIALEAH FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
TREASURER ☐ Change ☒ Addition
NAME
George A. Gaston
STREET ADDRESS
845 W 79TH HIA. FL. 33014
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Aimed Ibarria-Gaston* **4/19/02** **(305) 216-8853**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Daytime Phone #**
(305) 888-5957

CR2E034 (9/01)