

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
05-22-2002 90239 003 \*\*\*100.00  
FILED P01000097545

02 MAY 24 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-06/21/02--01012--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

DOCUMENT # P01000097545

1. Entity Name  
HES TRUCKING, CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>19422 SW 119TH CT</u> Suite, Apt. #, etc.		3. Mailing Address <u>19422 SW 119TH CT</u> Suite, Apt. #, etc.	
City & State <u>MIAMI, FL</u>	City & State <u>MIAMI, FL</u>	Zip <u>33177</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. Filing Number <u>65-1148040</u>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>ESCOBAR HUGO</u>
Street Address (P.O. Box Number is Not Acceptable) <u>19422 SW 119TH CT</u>
City <u>MIAMI</u> FL Zip Code <u>33177</u>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and wife if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PST ESCOBAR, HUGO 19422 SW 119TH CT MIAMI, FL. 33177</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>50.00 - AR</u>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/29/02 (307) 256-1173  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR