

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-11-2002 90714 020 ***150.00

0219312 AV

DOCUMENT # P01000099192

1. Entity Name
C&C TRUCKING, INC.

Principal Place of Business

Mailing Address

405 N E 34TH STREET
MIAMI FL 33137

405 N E 34TH STREET
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

405 N.E. 34TH ST.

P.O. BOX. 403381

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI BEACH, FL.

4. FEI Number

650649727

Applied For

Not Applicable

Zip
33137

Country
Dade.

Zip
33140

Country
Dade.

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

GONZALEZ, CARMEN V
405 N E 34TH STREET
MIAMI FL 33137

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

Carmen V Gonzalez
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PVST
GONZALEZ, CARMEN V
405 N E 34TH STREET
MIAMI FL 33137

☐ **Delete**

TITLE
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☐ **Change** ☐ **Addition**

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☐ **Change** ☐ **Addition**

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☐ **Change** ☐ **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:

Carmen V Gonzalez
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/02 786-859-7688
Date Daytime Phone #

CR2E034 (9/01)