

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

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90001 048 \*\*\*150.00

DOCUMENT # **P01000106812**

1. Entity Name

**HAULING SPECIALISTS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**9491 MARTINIQUE DR.**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

4. FFL Number

**65-1150829**

Applied For

Not Applicable

Zip

**33189**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Patricia M. Arias**

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

**200 South Biscayne Blvd.**

**Suite 800**

City

**Miami**

FL

Zip Code

**33131**

**DO NOT WRITE  
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$350.00**  
**Amended UBR is \$61.25**  
**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**  
NAME **FRANK MANGANELLY**  
STREET ADDRESS **9491-MARTINIQUE DR.**  
CITY-ST-ZIP **Miami, FL 33189**

TITLE  
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other individuals empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**9/2/2002**

Daytime Phone #

**HAULING SPECIALISTS, INC.  
9491 MARTINIQUE DRIVE  
MIAMI, FL 33189**

*Attachment  
ID# P01000106812  
280103*

August 26, 2002

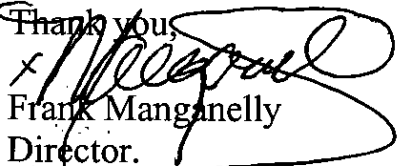
Re: UBR Report  
Doc# P01000106812

To Whom It May Concern:

This letter is to inform you that previous notices were never received. We are enclosing the regular fee of 150.00 to renew the Company Name

If you have any questions please contact us at 305-444-8800

Thank you,

  
Frank Manganelly  
Director.