

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

FILED
May 03, 2004 8:00 am
Secretary of State

04-12-2004 90648 026 ***150.00

DOCUMENT # PO1000107476

1. Entity Name

POWER TRUCK DIESEL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3091 N.W. 129th Street

3. Mailing Address
18960 N.W. 57th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Apartment 101

DO NOT WRITE IN THIS SPACE

City & State
Opa Locka Florida

City & State
Miami Florida

4. FEI Number 65-1151109

Applied For
Not Applicable

Zip
33054

Country U.S.A.

Zip 33015

Country U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JUAN PABLO SALGADO

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

18960 N.W. 57th Avenue Apt.101

City Miami

FL

Zip Code 33015

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 fee if applicable.

(NOTE: Registered Agent signature required when restate)

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 \$550.00
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 DP
NAME SALGADO, JUAN PABLO
STREET ADDRESS 18960 N.W. 57th Avenue Apt.101
CITY-ST-ZIP Miami FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP
NAME LARA, ALTAGRACIA
STREET ADDRESS 18960 N.W. 57th Avenue Apt.101
CITY-ST-ZIP Miami FL 33015

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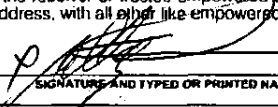
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IN THIS SPACE**

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 like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04 (305) 769-8955
Date Date of Filing

CR2E034B (12/01)