

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91392 037 \*\*\*150.00

DOCUMENT # P01000 107476

1. Entity Name

POWER TRUCK DIESEL, INC.



Principal Place of Business

3050 N.W. 59th Street  
Opa Locka Florida 33054

2. Principal Place of Business

3. Mailing Address

3050 N.W. 59th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Opa Locka Florida

4. FEI Number 65-1151109

Applied For

Not Applicable

Zip Country

Zip

33054

Country U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALGADO, JUAN P.  
4638 East 9th Court  
Hialeah Florida 33013

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	SALGADO, JUAN P	
STREET ADDRESS	4638 E 9th Ct	
CITY-ST-ZIP	Hialeah FL 33013	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LARA, ALTAGRACIA	
STREET ADDRESS	4638 East 9th Court	
CITY-ST-ZIP	Hialeah FL 33013	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/30/03 (305) 362-9139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #