

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93597 046 ***150.00

DOCUMENT # P01000108469

1. Entity Name

CONGAS TRUCKING, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7010 NW 186 Street # 202

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33015

Country
USA

Zip

Country

4. FEI Number
65-1152840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Aida Rodriguez

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

6980 NW 186 Street # 526

City
Miami

FL

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 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 \$550.00
Amended UBR is \$81.25
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
NAME
D Aida Rodriguez
STREET ADDRESS
6980 NW 186 Street # 526
CITY- ST- ZIP
Miami, FL. 33015

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
D Miguel Santana
STREET ADDRESS
6980 NW 186 Street # 526
CITY- ST- ZIP
Miami, FL. 33015

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CITY- ST- ZIP

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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)(b), 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

Date

Daytime Phone #

4/28/02