# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Aug 13, 2002 8:00 am**
**Secretary of State**
07-28-2002 90174 043 ***150.00

**DOCUMENT #**   P01000114490

1. Entity Name
**J.R. HAULING, INC.**

Fed # 65-1157190

| Principal Place of Business | Mailing Address |
|---|---|
| 950 SW 138 AVENUE | 950 SW 138 AVENUE |
| SUITE B408 | SUITE B408 |
| PEMBROKE PINES FL 33027 | PEMBROKE PINES FL 33027 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip    Country | Zip    Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number  65-1157190   ☐ Applied For  ☐ Not Applicable

5. Certificate of Status Desired  ☐   **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MORAITIS, GEORGE
16919 NW 57TH AVENUE
MIAMI FL 33055

**7. Name and Address of New Registered Agent**

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

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 $550.00**
After September 13, 2002 Fee will be $750.00
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 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP   Pres.den1 Joseph Abbott 950 sw 138 Aw Su.te B408. Pembroke Pines Fl 33027 | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E034 (4/02)

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: _____ REQUIRED   Joseph Abbott   President   7/23/02   954 438 3342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #