2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000006203

1. Entity Name

CVJ TRUCKING INC.



Apr 07, 2003 8:00 am secretary of State 04-07-2003 91018 042 ***150.00

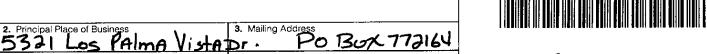
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Principal Place of Business 5119 CHELWYN CT.

ORLANDO FL 32837

Mailing Address PO BOX 772164

ORLANDO FL 32877



Suite, Apr. #, etc.		Galle, Apt. #, 616.		Į	CHECK HERE IF MAKING CHANGES			
City & State	, FL	orlando	, FL	4. FE	Number 9-3606121		plied For t Applicable	
32837	Country	32877	Country USA		ertificate of Status Desired	\$8.75 Add Fee Required		
6, 1	lame and Address of Curren	t Registered Agent		7. Na	me and Address of New Registe	red Agent		
CORREDOR, CE 5119 CHELWYN	CT.		Name Street Ad	Name Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32	(83)		City FL Zip Code					
8. The above named the obligations of		or the purpose of changing its	registered office or	registered age	nt, or both, in the State of Florida. I		and accept	
SIGNATURE	, euro	onder				31-03		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NO After May 1 Make Check Payab	I			Election Campaign Financing Trust Fund Contribution.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	May Be to Fees		
10.	OFFICERS ANI	DIRECTORS	11.	ADD	ITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11	
STREET ADDRESS PO B	REDOR, CECILIA OX 772164 NDO FL 32877	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
STREET ADDRESS PO B	REDOR, MANUEL OX 772164 NDO FL 32877	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	An end of Tight (Delete	NAME STREET ADDRESS CITY-ST-ZIP	ان مه : چهسمین دی	enter of the second	Change_	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	at the information available	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	od in Section 1	19.07(3)(i). Florida Statutes, I furthe	☐ Change	Addition	

indicated on this report or suppliemental 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 the provided in the provided statutes.

SIGNATURE: