

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91018 042 ***150.00

DOCUMENT # P02000006203

1. Entity Name
CVJ TRUCKING INC.



Principal Place of Business
5119 CHELWYN CT.
ORLANDO FL 32837

Mailing Address
PO BOX 772164
ORLANDO FL 32877

2. Principal Place of Business

5321 Los Palma Vista Dr. PO Box 772164

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3606121

Applied For
Not Applicable

Zip
32837

Country
USA

Zip
32877

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORREDOR, CECILIA
5119 CHELWYN CT.
ORLANDO FL 32837

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

Cecilia Corredor

1-31-03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|-------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | CORREDOR, CECILIA | |
| STREET ADDRESS | PO BOX 772164 | |
| CITY-ST-ZIP | ORLANDO FL 32877 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | CORREDOR, MANUEL | |
| STREET ADDRESS | PO BOX 772164 | |
| CITY-ST-ZIP | ORLANDO FL 32877 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | |
| STREET ADDRESS | | |
| 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:

Cecilia Corredor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03 407-852-3711
Date Daytime Phone #

CR2E034 (10/02)