

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90103 012 ***150.00

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DOCUMENT # P02000018494

1. Entity Name
SAN VITO TRUCKING, INC.



Principal Place of Business
1804 CADILLAC CIR
TAMPA FL 33619

Mailing Address
1804 CADILLAC CIR
TAMPA FL 33619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

020545207

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TAPIA, ELIO
1510 66 STREET, SOUTH
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name **PATRICIA BARRANTES**
Street Address (P.O. Box Number is Not Acceptable)
1804 CADILLAC CIR
City **TAMPA** **FL** **Zip Code** **33619**

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 **PATRICIA BARRANTES, DIRECTOR** **Patricia Barrantes** **4/9/03**
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
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ARAYA, CARLOS	
STREET ADDRESS	1804 CADILLAC CIR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRANTES, PATRICIA	
STREET ADDRESS	1804 CADILLAC CIR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAVARRIA, JOAQUIN	
STREET ADDRESS	1804 CADILLAC CIR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORDERO, ROXANA	
STREET ADDRESS	1804 CADILLAC CIR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, HEINER	
STREET ADDRESS	1804 CADILLAC CIR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neryeth Montoya	
STREET ADDRESS	1804 CADILLAC CIR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **PATRICIA BARRANTES** **Patricia Barrantes** **4/9/03** **(813) 626-9695**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)