

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90309 049 \*\*\*158.75

0173244 AV

**DOCUMENT # P02000019363**

**1. Entity Name**  
**TIDAL WAVE TRUCKING, INC.**



**Principal Place of Business**  
1978 SW 175 AVE  
MIRAMAR FL 33029

**Mailing Address**  
1978 SW 175 AVE  
MIRAMAR FL 33029



**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**

01-0659093

☒ 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**

YON, CARLOS  
1978 SW 175 AVE  
MIRAMAR FL 33029

**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:** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. 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	YON, CARLOS	
STREET ADDRESS	1978 SW 175TH AVE	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	V	<input type="checkbox"/> Delete
NAME	YON, ANGELIQUE	
STREET ADDRESS	1978 SW 175TH AVE	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	S	<input type="checkbox"/> Delete
NAME	YON, CHRISTINE	
STREET ADDRESS	1978 SW 175TH AVE	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*SIGNATURE OF CARLOS YON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/03

Date

954 4359259

Daytime Phone #

CR2E034 (10/02)