

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90181 011 ***150.00

DOCUMENT # P02000021391

1. Entity Name
ALEXIS TRUCKING, INC.



Principal Place of Business
2871 NORTHWEST 8TH COURT
FORT LAUDERDALE FL 33311

Mailing Address
2871 NORTHWEST 8TH COURT
FORT LAUDERDALE FL 33311



2. Principal Place of Business
2871 N.W. 8. C.T.
Suite, Apt. #, etc.
Fort Lauderdale
Florida
City & State

3. Mailing Address
2871 N.W. 8. C.T.
Suite, Apt. #, etc.
Fort Lauderdale
Florida
City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
04-361-2274
Applied For
Not Applicable

Zip
33311
Country
U.S.A.
Zip
33311
Country
U.S.A.

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name
Harold Maragh
Street Address (P.O. Box Number is Not Acceptable)
2871 N.W. 8 C.T.
Fort Lauderdale
City
FL
Zip Code
33311

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]* **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	
TITLE	PTD <input type="checkbox"/> Delete
NAME	MARAGH, HAROLD
STREET ADDRESS	2871 NORTHWEST 8TH COURT
CITY-ST-ZIP	FORT LAUDERDALE FL 33311
TITLE	SVD <input type="checkbox"/> Delete
NAME	MARAGH, MARJORIE
STREET ADDRESS	2871 NORTHWEST 8TH COURT
CITY-ST-ZIP	FORT LAUDERDALE FL 33311
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Daytime Phone #**

CR2E034 (10/02)