

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90969 033 \*\*\*150.00

DOCUMENT # P02000033836 ✓

1. Entity Name

Miko's TRUCKING CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9465 SW 156 PL

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

4. FEI Number

04-3623848

Applied For

Not Applicable

Zip

Country

Zip

Country

FL

33196

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Maria Romero-Pizarro

Street Address (P.O. Box Number is Not Acceptable)

9465 SW 156 PL

City

Miami

FL

Zip Code

33196

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Maria Romero

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-28-2003

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE Pres/Treas/DIRECTOR  
NAME Maria Romero Pizarro  
STREET ADDRESS 9465 SW 156 PL Miami, FL 33196  
CITY-ST-ZIP leave blank

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Vice-President  
NAME Oelio Lopez  
STREET ADDRESS 9465 SW 156 PL  
CITY-ST-ZIP Miami, FL 33196 Add

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria Romero PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-2003 305-3889859

Date

Daytime Phone #

CR2E034B (12/01)