

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

DOCUMENT # P02000036339

1. Entity Name TRUCKMAR TRANSPORT, INC.

FILED

03 DEC -8 PM 6:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16181 SW 138 TERRACE

Suite, Apt. #, etc.

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State

4. FEI Number
65-0724007

Applied For
Not Applicable

Zip
33196

Country
U.S.A.

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

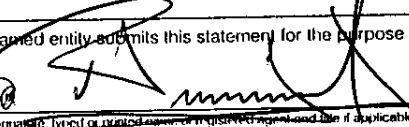
Name
JORGE J. FUENTES

Street Address (P.O. Box Number is Not Acceptable)
16181 SW 138 TERRACE

City
MIAMI

FL Zip Code
33196

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 

(NOTE: Registered Agent signature required when reinstating)

12-5-03

DATE

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
P/VP/S/T
NAME
ESTEBAN G. FUENTES
STREET ADDRESS
3442 SW 1122 AVE
CITY-ST-ZIP
MIAMI, FL. 33165

TITLE
PRESIDENT/SECRETARY
NAME
JORGE J. FUENTES
STREET ADDRESS
16181 SW 138 TERRACE
CITY-ST-ZIP
MIAMI, FL. 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
VICE-PRESIDENT/TREASURY
NAME
ESTEBAN G. FUENTES
STREET ADDRESS
3442 SW 112 AVE
CITY-ST-ZIP
MIAMI, FL. 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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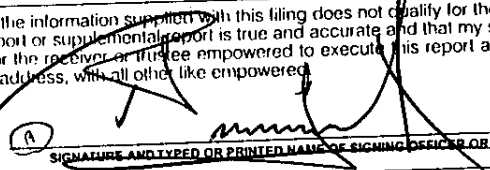
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CITY-ST-ZIP

700026577017
01/09/04--01006--004 **150.00

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-5-03 (305) 970-0951

Date

Daytime Phone #

December 5th, 2003

To: Florion Dpt of Revenue
Division of Corporations

Re: trucker transport, INC.

Doe #: P02000036339

Dear Sir or Ma'am,

Attached herewith please find a check in the amount of \$150⁰⁰, along with the UBR Form.

The reason I'm submitting the above mentioned check & Form is due to the fact that I never received the Form.

I do apologize for any inconvenience this may have caused.

Thank you in Advance for your help regarding the above mentioned matter.

Respectfully yours,



Esteban G. Fuentes
V-President
Trucker Transport Inc.