

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90156 023 ***150.00

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1. Entity Name
DE TRANA TRUCKING CORPORATION INC.



Principal Place of Business
216-1 SPARRO WEST DRIVE
ROYAL PALM BEACH FL 33411

Mailing Address
216-1 SPARRO WEST DRIVE
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

216-1 Sparro West Dr.

3. Mailing Address

216-1 Sparro West Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Royal Palm Beach, Fl.

City & State
Royal Palm Beach, Fl.

4. FEI Number
82-0544010

Applied For
Not Applicable

Zip
33411

Country
USA

Zip
33411

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE TRANA, ROQUE A
216-1 SPARRO WEST DRIVE
ROYAL PALM BEACH FL 33411

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	DE TRANA, ROQUE A	216-1 SPARRO WEST DRIVE ROYAL PALM BEACH FL 33411				

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 another like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Roque A De Trana 10/08/03 561-383-6262

CR2E034 (10/02)