

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91412 045 ***150.00

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DOCUMENT # P02000047473

1. Entity Name
GLORIA SANTIAGO TRUCKING, INC.



Principal Place of Business
**4701 LYONS RD. #212
COCONUT CREEK FL 33073**

Mailing Address
**4701 LYONS RD. #212
COCONUT CREEK FL 33073**

2. Principal Place of Business
13678 82nd St. N

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State
WEST PALM BEACH FL

City & State

4. FEI Number
50-0002672

Applied For
Not Applicable

Zip
33412

Country
USA

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANTIAGO, GLORIA
4701 LYONS RD. #212
COCONUT CREEK FL 33073**

Name
SANTIAGO, GLORIA

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

13678 82nd St. N

City **WEST PALM BEACH FL** Zip Code **33412**

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

GLORIA SANTIAGO

4/10/03

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 **P** ☐ Delete
NAME **SANTIAGO, GLORIA**
STREET ADDRESS **4701 LYONS RD. #212**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **P** ☒ Change ☐ Addition
NAME **SANTIAGO, GLORIA**
STREET ADDRESS **13678 82nd St. N**
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE **VP** ☒ Delete
NAME **JIMENEZ, IRIS**
STREET ADDRESS **1240 NW 12TH ST.**
CITY-ST-ZIP **BOCA RATON FL 33478**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☒ Delete
NAME **CARROLL-HEINEN, DIANE**
STREET ADDRESS **4701 LYONS RD. #212**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

GLORIA SANTIAGO **4/10/03** **(951) 520-9689**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)