

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90070 044 ***150.00

DOCUMENT # P02000053227

1. Entity Name
BIG STALLION TRUCKING, CORP.



Principal Place of Business
**515 SW 12 AVE. STE 513
MIAMI FL 33130**

Mailing Address
**515 SW 12 AVE. STE 513
MIAMI FL 33130**



2. Principal Place of Business
2815 SW 34 Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 145044
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami FL
Zip
33133
Country
DADE

City & State
Coral Gables FL
Zip
33114-5044
Country
DADE

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAAVEDRA, ABRAHAM
515 SW 12 AVE, STE 513
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name **Jose I Franco**
Street Address (P.O. Box Number is Not Acceptable)
2815 SW 34 Ave
Miami FL 33133
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 DATE **3/5/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **PTD** ☐ Delete
NAME **FRANCO, JOSE**
STREET ADDRESS **515 SW 12 AVE, STE 513**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE **PTD** ☒ Change ☐ Addition
NAME **FRANCO, Jose I**
STREET ADDRESS **2815 SW 34 Ave**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **VSD** ☐ Delete
NAME **RUIZ, SERGIO E**
STREET ADDRESS **515 SW 12 AVE, STE 513**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE **VSD** ☒ Change ☐ Addition
NAME **RUIZ, Sergio E**
STREET ADDRESS **7080 Bonita Drive Apt 32**
CITY-ST-ZIP **Miami Beach, FL 33141**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)