

APR-07-2003 15:39

PESTANO & ASSOCIATES

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90044 011 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000059187

1. Entity Name

American Trucking Services, Inc

80114390

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3138 W. 72 St

Suite, Apt. #, etc.

3. Mailing Address

3138 W. 72 St

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hialeah FL

City & State

Hialeah FL

4. FEI Number

03-0447969

Applied For

Not Applicable

Zip

33018

Country

U.S.A.

Zip

33018

Country

U.S.A.

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

7. Name and Address of Current Registered Agent

Name ANTOLIN PESTANO JR.

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

7758 NW 44 ST

City

Hialeah

FL

Zip Code

33351

**DO NOT WRITE
IN THIS SPACE**

8. This 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

Signature, typed or printed name of registered agent and date if applicable

ANTOLIN PESTANO JR.

4/3/03

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPDP
JOSE AGUIAR
3138 W. 72 ST
Hialeah FL 33018TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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NAME
STREET ADDRESS
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(1)(b), 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

President

4/3/03

Date

I hereby certify that

CR2E034B (12/01)