

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90029 012 \*\*\*150.00

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**DOCUMENT # P02000065453**

**1. Entity Name**  
**MISERENDINO TRUCKING INC.**



**Principal Place of Business**  
**2301 S.W. CRANBROOK DR.**  
**BOYNTON BEACH FL 33436**

**Mailing Address**  
**2301 S.W. CRANBROOK DR.**  
**BOYNTON BEACH FL 33436**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

71-0887011

Applied For

Not Applicable

Zip

Country

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**

**KIESLING, ROBERT A**  
**4793 N. CONGRESS AVE. #206**  
**BOYNTON BEACH FL 33426**

**7. Name and Address of New Registered Agent**

**Name**  
**David Miserendino**  
**Street Address (P.O. Box Number is Not Acceptable)**

**2301 SW Cranbrook Dr**  
**City Boynton Beach FL Zip Code 33436**

**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** *David Miserendino*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

7/11/03

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D MISERENDINO, DAVID**  
**2301 S.W. CRANBROOK DR.**  
**BOYNTON BEACH FL 33436**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**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:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/03

CR2E034 (4/03)

*Hachmen*

90143839

July 08, 2003

Division of Corporation  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, Fl 32302-1500

Re: Miserendino Trucking Inc.  
P02000065453

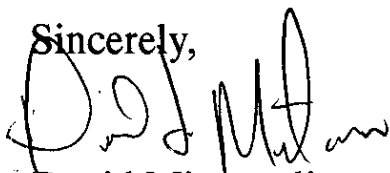
To Whom It May Concern:

As acting director of : Miserendino Trucking Inc. I'm writing this letter to let authorized persons of the Florida Dept of State know that my corporation did not receive the first notice. I understand that writing this letter personally stating my situation allows me to file my 2003 Uniform Business Report document # **P02000065453** along with an enclosed check made out to the Department of State in the amount of \$150.00 fee.

Sorry for the inconvenience, Thank you very much for your time.

If there are any problems please call me at 561- 889-8755.

Sincerely,

  
David Miserendino