

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0287670 AV

DOCUMENT # P02000079781

1. Entity Name  
PROMASTERS HAULING, INC.



FILED

03 APR -2 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
240 NW 139TH STREET  
MIAMI FL 33168

Mailing Address  
240 NW 139TH STREET  
MIAMI FL 33168

2. Principal Place of Business  
240 NW 139th  
Suite, Apt. #, etc.

3. Mailing Address  
240 NW 139th  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Miami FL  
Zip  
33168  
Country  
U.S.A.

City & State  
Miami FL  
Zip  
33168  
Country  
U.S.A.

4. FEI Number  
KU 52-2369588  
Applied For  
Not Applicable

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

OWENS, DAVID T  
240 NW 139TH STREET  
MIAMI FL 33168

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 \_\_\_\_\_ (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 D ☐ Delete  
NAME OWENS, DAVID T  
STREET ADDRESS 240 NW 139TH STREET  
CITY-ST-ZIP MIAMI FL 33168

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 400015772344  
CITY-ST-ZIP 04/14/03--01008--005 \*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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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: David T Owens  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03 (786)487-8886  
Date Daytime Phone #

CR2E034 (10/02)