

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000081429	
1. Entity Name	
JACOBER TRUCKING SERVICES, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1918 PLAYERS PLACE Suite, Apt. #, etc.		3. Mailing Address 1918 PLAYERS PLACE Suite, Apt. #, etc.	
City & State NO. LAUDERDALE, FL		City & State NO. LAUDERDALE, FL	
Zip 33068	Country USA	Zip 33068	Country USA

DO NOT WRITE IN THIS SPACE


4. FEI Number 76-0707007	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MARCOS R. JACOBER	
Street Address (P.O. Box Number is Not Acceptable) 1918 PLAYERS PLACE	
City NO. LAUDERDALE, FL	Zip Code 33068

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  **4/30/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARCOS R. JACOBER 1918 PLAYERS PLACE NO. LAUDERDALE, FL 33068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000154790 05/05/04-80011-008 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **MARCOS JACOBER** **4/30/2004** **954-822-7148**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #