

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-06-2003 90031 014 ***150.00

0209742 AV

DOCUMENT # P02000099968

1. Entity Name
PEPIN TRUCKS CORP



Principal Place of Business
**7925 NW 12TH STREET
STE 318
MIAMI FL 33126**

Mailing Address
**7925 NW 12TH STREET
STE 318
MIAMI FL 33126**

2. Principal Place of Business
**14907 SW 80 STREET
Suite, Apt. #, etc.
#117**

3. Mailing Address
**14907 SW 80 STREET
Suite, Apt. #, etc.
#117**

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33193 USA

Zip Country
33193 USA

4. FEI Number
74-3063322

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PEREZ-GALBAN, JORGE A
7925 NW 12TH STREET
STE 318
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name
PEREZ-GALBAN, JORGE A
Street Address (P.O. Box Number is Not Acceptable)
**14907 SW 80 STREET
#117**
City **MIAMI** **FL** Zip Code **33193**

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

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

(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 NAME STREET ADDRESS CITY-ST-ZIP	PSD PEREZ-GALGAN, JORGE A 7925 NW 12TH STREET STE 318 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BOLANOS, GISEL A 7925 NW 12TH STREET STE 318 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PEREZ-GALGAN, JORGE A 14907 SW 80 STREET #117 MIAMI, FL 33193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BOLANOS, GISEL A 14907 SW 80 STREET #117 MIAMI, FL. 33193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

4/30/03 305 470 2504

CR2E034 (10/02)