2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000105458

1. Entity Name
MIAMI TRUCK RENTAL, INC.

Principal Place of Business	Mailing Address
725 CURTISS PKWY #4	725 CURTISS PKWY #4
MIAMI FL 33166	MIAMI FL 33166

2. Principal Place of Business
530 NW 109 Ave #4

Suite, Apt. #, etc.

City & State Miami Fl.

Zip 33172   Country

3. Mailing Address
530 NW 109 Ave #4

Suite, Apt. #, etc. Miami Fl.

City & State

Zip 33172   Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 83-0337775

☑ 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
PICHARDO, EDUARDO 725 CURTISS PKWY #4 MIAMI FL 33166	Name Eduardo Pichardo (Same) Street Address (P.O. Box Number is Not Acceptable) 530 NW 109 Ave #4 City Miami FL Zip Code 33172

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 _____ Eduardo Pichardo

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	PDS PICHARDO, EDUARDO 725 CURTISS PKWY #4 MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 all other the empowered.

SIGNATURE: _____ Eduardo Pichardo President 4-21-03 305-801-772_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/02)