

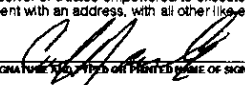
Amendment

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000111864					
1. Entity Name NITE NITE TRUCKING INC.					
Principal Place of Business 1515 NW 9 STREET HOMESTEAD, FL 33030			Mailing Address 1515 NW 9 STREET HOMESTEAD, FL 33030		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 14-1850635	
				☐ CHECK HERE IF MAKING CHANGES	
				☐ Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAITE, CARLOS A 1515 NW 9 STREET HOMESTEAD, FL 33030				7. Name and Address of New Registered Agent	
				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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when appointing) 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	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	NAITE, CARLOS A		NAME		
STREET ADDRESS	1515 NW 9 STREET		STREET ADDRESS		
CITY- ST- ZIP	HOMESTEAD, FL 33030		CITY- ST- ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MONTERO, VIRGEN M		NAME		
STREET ADDRESS	1515 NW 9 STREET		STREET ADDRESS		
CITY- ST- ZIP	HOMESTEAD, FL 33030		CITY- ST- ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SARRIA, HECTOR F		NAME		
STREET ADDRESS	1515 NW 9 ST		STREET ADDRESS		
CITY- ST- ZIP	HOMESTEAD, FL 33030		CITY- ST- ZIP		
TITLE	Secretary / Treasurer	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	melody S mixon		NAME		
STREET ADDRESS	9140 SW 140 ST		STREET ADDRESS		
CITY- ST- ZIP	miami, FL 33176		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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:  6/13/03					
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					