# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000057747

1. Entity Name
GONZALEZ TRUCKING SERVICES INC

FILED
04 MAY 18 AM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 18850 SW 168 ST | 18850 SW 168 ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI FL | City & State: MIAMI FL |
| Zip: 33187 Country: MIAMI DADE | Zip: 33187 Country: MIAMI DADE |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 47-0920126 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: GREGORIO R. GONZALEZ

Street Address (P.O. Box Number is Not Acceptable): 18850 SW 168 ST

City: MIAMI FL Zip Code: 33187

6. 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.

SIGNATURE: X _____ 5/13/04

Signature, typed or printed name, of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

8. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back.) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

9. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | |
| NAME | GREGORIO R GONZALEZ |
| STREET ADDRESS | 18850 SW 168 ST |
| CITY-ST-ZIP | MIAMI FL 33187 |
| TITLE | |
| NAME | LEILA GONZALEZ |
| STREET ADDRESS | 18850 SW 168 ST |
| CITY-ST-ZIP | MIAMI FL 33187 |
| TITLE | |
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| CITY-ST-ZIP | 06/03/04--01038--004 **150.00 |
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CR2E034B (12/01)

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 11 or on an attachment with an address, with blank like empowered.

SIGNATURE: X _____ Pres 5-14-04

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING (ENTER OFFICER OR DIRECTOR) GREGORIO R GONZALEZ Date Daytime Phone #