

2005

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

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90216 009 \*\*\*150.00

DOCUMENT # P03000086241

1. Entity Name

H &amp; E TRUCKING CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1475 W 39TH PLACE, #108

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
HIALEAH, FL

City &amp; State

4. FEI Number  
20-0142935Applied For  
Not ApplicableZip  
33012-4768

Country

Zip

Country

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

EDUARDO SANCHEZ

Street Address (P.O. Box Number is Not Acceptable)

1475 W 39 PLACE #108

City

HIALEAH

FL

Zip Code

33012

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P, S, T, & D  
EDUARDO SANCHEZ  
1475 W 39TH PLACE #108  
HIALEAH, FL 33012

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*E. Sanchez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO SANCHEZ, PRES

4/10/2005

Date

(305) 364-7518

Daytime Phone #