

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010292

1. Entity Name

C. & L. TRUCKING, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90079 029 ***150.00

Principal Place of Business

C & L TRUCKING INC
900 WALLACE ST
CORAL GABLE FL 33134
US

Mailing Address

C & L TRUCKING INC
900 WALLACE ST
CORAL GABLE FL 33134-8006
US

2. Principal Place of Business

6820 SW 57 Terr
Suite, Apt. #, etc.

3. Mailing Address

6820 SW 57 Terr
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0387757

Applied For

Not Applicable

Zip

33143

Country

USA

Zip

33143

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

URIARTE, EUGENIO J
900 WALLACE ST
CORAL GABLE FL 33134

7. Name and Address of New Registered Agent

Name

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

6820 SW 57 Terr

Miami

City

FL

Zip Code

33143

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00.

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DPV
NAME URIARTE EUGENIO J
STREET ADDRESS 900 WALLACE ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE DS
NAME URIARTE, LEISHA
STREET ADDRESS 900 WALLACE ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPV
NAME Eugenio J. Uriarte
STREET ADDRESS 6820 SW 57 Terr
CITY-ST-ZIP MIAMI, FL 33143 ☒ Change ☐ Addition

TITLE DS
NAME Leisha Uriarte
STREET ADDRESS 6820 SW 57 Terr
CITY-ST-ZIP MIAMI, FL 33143 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Leisha Uriarte 4-20-00 (305) 557-0962