2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000013113 (4)

FILED
Apr 20, 2000 8:00 am
Secretary of State
04-20-2000 90020 045 ***150.00

1. Entity Name
HECTOR DELIVERY AND CARGO SERVICE CORP.

Principal Place of Business
8650 SW 133 AVE ROAD # 119
MIAMI, FL 33183

Mailing Address
8650 SW 133 AVE ROAD # 119
MIAMI, FL 33183

2. Principal Place of Business
533 WEST 24 ST
Suite, Apt. #, etc.
City & State: HIALEAH FL
Zip: 33010
Country:

3. Mailing Address
533 WEST 24 ST
Suite, Apt. #, etc.
City & State: HIALEAH FL
Zip: 33010
Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0399022 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SERVELLO, HECTOR
8650 SW 133 AVE ROAD # 119
Miami, FL 33183

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 533 WEST 24 ST
City: HIALEAH FL Zip Code: 33010

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's signature required when reinstating) DATE

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	SERVELLO, HECTOR	NAME	
STREET ADDRESS	8650 SW 133 AVE ROAD # 119	STREET ADDRESS	533 WEST 24 ST
CITY-ST-ZIP	MIAMI FL 33183	CITY-ST-ZIP	HIALEAH FL 33010
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #