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Secretary of State
04-14-2003 90210 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000013113

70038313

1. Entity Name

HECTOR DELIVERY AND CARGO SERVICE CORP.

706 N.W. 87TH AVE. #101
MIAMI, FL 33126

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MIAMI, FL 33126

2. Principal Place of Business		3. Mailing Address	
~~706 N.W. 87TH AVE. #101~~		~~706 N.W. 87TH AVE. #101~~	
Suite, Apt. #, etc. 533 WEST 24 ST		Suite, Apt. #, etc. 533 WES 24 ST	
City & State MIAMI, FL HIALEA FL 33010		City & State MIAMI, FL HIALEA FL 33010	
Zip 33126	Country US	Zip 33126	Country US

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

SERVELLO, HECTOR
533 WEST 24TH STREET
HIALEAH, FL 33010

7. Name and Address of Current Registered Agent

Name SERVELLO, HECTOR

Street Address (P.O. Box Number is Not Acceptable) 533 WEST 24TH STREET

City HIALEAH FL Zip Code 33010

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 reinstating) DATE

9. 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

11. OFFICERS AND DIRECTORS

TITLE	PSTD	TITLE	
NAME	SERVELLO, HECTOR	NAME	
STREET ADDRESS	706 N.W. 87TH AVE. #101	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

$150