2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400002504

1. Entity Name

SUPER SONIC TRUCKING & WAREHOUSING, INC.



FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90136 015 ***150.00

						100 W					
Principal Pla	ice of Business	·-	Mailing .	Address							
1044 NW 184 WAY			1044 NW 184 WAY						2009	7200	
PEMBROKE PINES FL 33029			PEMBROKE PINES FL 33029						2002	(186	
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2. Principal	Place of Busine:		3 Mailine	g Address							Jaki dana enak ibbi
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Suite, Apt. #, etc.				Suite, Apt. #, etc.							
	,	Ouito,	Apt. 11, 616.			ł	☐ CHEC	K HERE ∤F N	MAKING CHAN	GES	
City & Sta	ate		City &	State				CC141 .			T
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Zip Country			Zìp		Coun	intry		. Certificate of Status D	esired		Additional
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<u> </u>	o. Name a	nd Address of Curren	t Registered	Agent		Name	7.	Name and Address of	of New Regi	stered Agent	
DEDNADO	00 4444015										
	do amable		Stra			Address (P.O. Box Number is Not Acceptable)					
1044 NW 184TH WAY					Street Address			DOX Number is not Ac	ceptable)		
PEMBROKE PINES FL 33029											
				•		City				FL Zip	Code
8. The above	e named entity s	uhmits this statement fo	or the ouroes	of changing its	ragintara	d office as		agent, or both, in the Sta			
the obliga	tions of register	ed agent.	or the purpose	or changing its	registere	o onice or	registered a	igent, or both, in the Sta	ate of Florida	. I am familiar v	with, and accept
2	Ŭ	3									
SIGNATURE											
7	Signature, typed or p	printed name of registered agent	and title if applicat	ble. (NOTE:	: Registered	1 Agent signatu	re required when	reinstating)		DATE	
F	FILE NOW!!!	FEE IS \$150.00]			···
Afte	er May 1, 2003	Fee will be \$550.00	^~ · · · /~	÷ ~				9. Election Camp	aign Financ	ing \$	5.00 May Be
Make Chec	k Payable to F	lorida Department o	of State					Trust Fund Co	ntribution.		ded to Fees
					11.			DDIFIGNIO (O) IANO SO	TO 0551051		
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12. I hereby certify that the information supplied with this filling 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 custee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ris!

3/17/03 (305)

(305)863-3360