

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90176 013 ***150.00

DOCUMENT # P94000021216

1. Entity Name
TRUCK EXPRESS INC.

Principal Place of Business

8042 N.W. 66 STREET
 MIAMI FL 33166
 US

Mailing Address

PO BOX 550517
 FT LAUDERDALE FL 33355
 US

2. Principal Place of Business

PO Box 550517

3. Mailing Address

PO Box 550517

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip

33355

Country

BRUNSWICK

Zip

33355

Country

BRUNSWICK

6. Name and Address of Current Registered Agent

BERMAN, ROBERT F
 13292 NW 6 PLACE
 PLANTATION FL 33325

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	BERMAN, ROBERT F	
STREET ADDRESS	13292 NW 6 PLACE	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-03-02 305 471 8586
 Date Daytime Phone #

CR2E034 (4/02)

Attachment



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 10, 2002

TRUCK EXPRESS INC.
PO BOX 550517
FT LAUDERDALE, FL 33355 US

SUBJECT: TRUCK EXPRESS INC.
Ref. Number: P94000021216

/675588

We have received your document for TRUCK EXPRESS INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 302A00042908

*Ps. Attached original copy
thank you!*

TRUCK EXPRESS, INC

Attachment

675888
P94000021216

P O BOX 21055
SEDONA, AZ 86341

Phone 1800-943-5559

Fax 520-284-3307

Email truckexpress@aol.com

JULY 3rd, 2002

DEPARTMENT OF STATE

Please be advised that we did not receive the first notice of the annual report notice. We called the office, and you advised us to write this letter. We Hope that this will comply to your requirements.

Pls. find attached with this mail our check for the amount of \$150.00..

CHECK NUMBER 6575

AMOUNT 150.00

ROBERT BERMAN / PRESIDENT

