

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000025345

1. Entity Name

OPPORTUNITY TRUCKING OF SOUTH FLORIDA, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90011 021 ***150.00

Principal Place of Business

Mailing Address

C/O ADAM BENJAMIN
7450 N. W. 63 ST.
MIAMI FL 33166

C/O ADAM BENJAMIN
7450 N. W. 63 ST.
MIAMI FL 33166-3604

2. Principal Place of Business

7450 NW 63 St.

3. Mailing Address

6525 SW 90 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLA

City & State

MIAMI FLA

4. FEI Number

65-0485091

Applied For

Not Applicable

Zip

33166

Country

DADE

Zip

33137

Country

DADE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENJAMIN, ADAM
6525 SW 90 TH CT
MIAMI FL 33173

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.

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 \$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	D	<input type="checkbox"/> Delete
NAME	BENJAMIN, ADAM	
STREET ADDRESS	6525 SW 90TH COURT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENJAMIN, AMERICA N	
STREET ADDRESS	6525 SW 90TH COURT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00 305-477-8863

CR2E034 (9/99)