2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000038904 **DOCUMENT #**

1. Entity Name



FILED Mar 24, 2003 8:00 am § Secretary of State

R R TRU	JCKING INVESTMENT (CORP.	·				ł	03-24-20	JU 3 91	01.28 O)9 ***1	50.00	
Principal Pla 7844 NW 16 HIALEAH FL		PO 6	Mailing Address PO BOX 22651 HIALEAH FL 33002				! 	6)	1111 88 111		fil u ë 1 8 11 0 :	1 211 12 111 6 18	1 (110)
2. Principal Place of Business 3. Mailing			ing Address										
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.					☐ CHECK H	ERE IF	MAKING	G CHANG	iFS	
City & State		City	City & State				4. FEI Number 65-0497728 Applied For						
Zip	Country	Zip)	Coun	try		5. Certificate	of Status Desir				Not Appl Additional	
	6. Name and Address of C	Current Register	red Agent	<u>-l</u>			7. Name and	Address of N	ow Po	nietorod	Fee Req	uirea	
ABRAHAI	M, ROLANDO				Name		77 Hame and	,	ew ne	gistered	Agent		
7844 NW	/ 166 TERR FL 33016				Street A	ddress (P.	O. Box Numbe	r is Not Accep	table)				
HIALEAN	FL 330 16			ĺ	City					FL	Zip (ìode	
8. The abov	e named entity submits this state ations of registered agent.	ment for the purp	cose of changing its	registere	d office or	registered	d agent, or both	h, in the State o	of Floric	da. Iam	. [cept
the obliga													
the obliga	Signature, typed or printed name of register	red agent and title if any	alicable AIOT	T. 0									_
SIGNATURE	Signature, typed or printed name of register		plicable. (NOT	E: Registered	Agent signatu	re required wh	hen reinstating)			DATE			<u>-</u>
SIGNATURE	Signature, typed or printed name of register FILE NOW!!! FEE IS \$150.0 or May 1, 2003 Fee will be \$5	00 50.00	plicable. (NOT	E: Registered	Agent signatu	re required wi	9. Ele	ction Campaig			\$5] Ad	.00 May	Be s
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

305-477 2622