## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

We

6. Name and Address of Current Registered Agent

Dale

Signature, typed or printed name of registered agent and title if applicable.

## DOCUMENT #

Principal Place of Business

2. Principal Place of Business

<u>3080 SW</u>

Miami

33165

TARRAGO, ALCIDES L

**MIAMI FL 33165** 

2931 S.W. 108TH AVENUE

the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

TARRAGO, ALCIDES L

**MIAMI FL 33165** 

MIAMI FL 33165

TARRAGO, OLGA L

STD

2931 S.W. 108TH AVENUE

2931 S.W. 108TH AVENUE

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

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CITY-ST-ZIP

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CITY-ST-ZIP

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

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NAME

TITLE

NAME

2931 S.W. 108TH AVENUE

P95000026239

Mailing Address

MIAMI FL 33165

3. Mailing Address

*-*0806

City & State

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8. The above named entity submits this statement for the purpose of changing its registered office or registered ag

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

2931 S.W. 108TH AVENUE

SW

1. Entity Name

**MIAMI FL 33165** 

T & T TRUCK SERVICE, INC.



TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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## **FILED** Jan 13, 2003 8:00 am **Secretary of State**

01-13-2003 90843 008 \*\*\*150.00

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W 111 Ave			CHECK HERE IE MAKING CHANGES					
FL			rei number	65-0571059				
	Country	5.	CHECK HERE IF MAKING CHANGES  4. FEI Number 65-0571059   Applied F   Not Applied F   Not Applied F   Status Desired   \$8.75 Additional Fee Required   7. Name and Address of New Registered Agent   (P.O. Box Number is Not Acceptable)  FL   Zip Code   Pred agent, or both, in the State of Florida. I am familiar with, and accepted agent    9. Election Campaign Financing   \$5.00 May Added to Fee Applitude   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
			7. Name and Address of New Registered Agent					
	Name 1				<del></del> -		•	
	Street A	CHECK HERE IF MAKING CHANGES  4. FEI Number 65-0571059   Applied For   Not Applicable    5. Certificate of Status Desired   \$8.75 Additional   Fee Required    7. Name and Address of New Registered Agent    Address (P.O. Box Number is Not Acceptable)  FL   Zip Code    1. registered agent, or both, in the State of Florida. I am familiar with, and accept    1. Post   Turn    1. Post   Turn    1. Post   Turn    2. Election Campaign Financing   \$5.00 May Be   Added to Fees    ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   Change   Addition    1. Addition   Addition    2. Change   Addition   Addition    3. Change   Addition   Addition    3. Change   Addition   Addition    3. Change   Addition    3. Change   Addition    4. FEI Number   Addition    5. Certificate of Status Desired   Sa.75 Addition    4. FEI Number   Addition    5. Certificate of Status Desired   Sa.75 Addition    5. Certificate of Status Desired   Sa.75 Addition    6. Change   Addition    7. Name and Address of New Registered Agent    8. Election Campaign Financing   Sa.00 May Be    8. Election Campaign Financing   Sa.00 May Be    9. Election Campaign Financing   Sa.00 May Be    9. Election Campaign Financing   Change   Addition    9. Election Campaign Financing   Change   Addition    1. Change   Addition    2. Change   Addition    3. Change						
		5. Certificate of Status Desired  \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent  The set Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Set or registered agent, or both, in the State of Florida. I am familiar with, and accept signature required when reinstating)  DATE  9. Election Campaign Financing  \$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
				•				
	City		·			Zip C	ode	
4-						•   ` ` ` ·		
(NOTE	E: Registered Agent signat	ure required when r	9. Elect	, ,	ancing _			
	11.	Δ.Γ.	DITIONS (C)	IANICES TO OFFI	OCOO AND	N DIDEOT	2DC IN 44	
	TITLE	AL	DETIONS/CI	HANGES TO OFFIC	CERS AND			
	NAME STREET ADDRESS CITY-ST-ZIP					C. Cuang	je ∐Ai	
	TITLE					☐ Chang	re 🔲 Ai	ddition
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	STREET ADDRESS						`	
	CITY-ST-ZIP			<u></u>				
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	TITLE			•		☐ Chang	e 🔲 Ad	ddition
	NAME							- 1
	STREET ADDRESS							

CITY-ST-ZIP CITY-ST-ZIP 12. 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:** 

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

☐ Change

Change

☐ Addition

☐ Addition