## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 12, 2000 8:00 am Secretary of State DOCUMENT # P95000038858 1. Entity Name CACHI TRUCKING SERVICE, INC. 05-12-2000 90045 035 \*\*\*158.75 Principal Place of Business Mailing Address P O BOX 570327 2187 JESSA DR KISSIMMEE FL 34743 ORLANDO FL 32857-0327 2. Principal Place of Business 3. Mailing Address 2216 JESSA DRIVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3321915 Not Applicable KISSIMMEE. FLORIDA Zip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 34743 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAFAEL CRUZ SANCHEZ, RAFAEL C Street Address (P.O. Box Number is Not Acceptable) 422 FORSYTH RD ORLANDO FL 32807 2216 JESSA DRIVE Zip Code 34743 City KISSIMMEE 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. AVILES 4-25-00 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X Change ☐ Addition TITLE Delete TITLE CRUZ, RAFAEL NAME NAME STREET ADDRESS STREET ADDRESS 2187 JESSA DR 2216 JESSA DRIVE CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL KISSIMMEE, FLORIDA 34743 X Change ☐ Addition ☐ Delete TITLE TITLE AVILES, NANCY NAME NAME 2216 JESSA DRIVE 2187 JESSA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FLORIDA 34743 CITY-ST-ZIP KISSIMMEE FK Addition ☐ Delete ☐ Change TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

NANCY, AVILES V-PRE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00