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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 03, 2002 8:00 am P95000075416 DOCUMENT # **Secretary of State** 1. Entity Name 02-03-2002 90018 042 ***158 N & J TRUCKING, INC. Principal Place of Business Mailing Address 3220 N.W. SOUTH RIVER DRIVE 3220 N.W. SOUTH RIVER DRIVE MIAMI FL 33142 **MIAMI FL 33142** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0618607 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OSORNO, JORGE Street Address (P.O. Box Number is Not Acceptable) 3220 N.W. SOUTH RIVER DRIVE MIAMI FL 33142 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete Change TITI F MONOCANDILOS, JORDAN NAME NAME 3201 N.W. 24TH ST. ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE OSORNO, JORGE NAME NAME 3201 NW 24TH ST RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE SUAREZ, ROSANA NAME STREET ADDRESS STREET ADDRESS 3201 NW 24TH ST RD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition DVP ☐ Delete TITLE TITLE MONOCANDILOS, NICOLAS NAME NAME 3201 NW 24TH ST RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Change ☐ Addition DVP ☐ Delete TITLE TITLE MONOCANDILOS, DORA NAME NAME 3201 NW 24TH ST RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete 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 amplitudes 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.