

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097163

1. Entity Name

MORALES TRUCKING INC

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90076 043 ***150.00

926951



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~19901 SW 168 ST~~
~~MIAMI FL 33187~~

~~19901 SW 168 ST~~
~~MIAMI FL 33187~~

2. Principal Place of Business

3. Mailing Address

15071 SW 70 ST

15071 SW 70 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33193

Country

USA

Zip

33193

Country

USA

4. FEI Number

65-0642483

Applied For

Not Applicable

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

MORALES, ARMANDO

~~19901 SW 168 ST~~

~~MIAMI FL 33187~~

Name

Street Address (P.O. Box Number is Not Acceptable)

15071 SW 70 ST

City

Miami

FL

Zip Code

33193

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

Armando Morales

1/16/01

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, 2001 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	MORALES, ARMANDO	
STREET ADDRESS	19901 SW 168 ST	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15071 SW 70 ST	
CITY-ST-ZIP	Miami, FL 33193	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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:

Armando Morales

1/16/01 (305) 382-1247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)