

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007245

1. Entity Name

DUDES TRUCKING, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90051 002 ***150.00

Principal Place of Business

9410 JOHNSON STREET
PEMBROKE PINES FL 33024

Mailing Address

9410 JOHNSON STREET
PEMBROKE PINES FL 33024

2. Principal Place of Business

11829 Hartfordshire Way

Suite, Apt. #, etc.

Orlando, FL

3. Mailing Address

11829 Hartfordshire Way

Suite, Apt. #, etc.

Orlando, FL

City & State

City & State

32824

Orlando, FL

Zip

Country

USA

Zip

32824

Country

USA

4. FEI Number

65-0637044

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMKISSOON, ASWINNE
580 NW 159TH AVE
PEMBROKE PINES FL 33028

address change →

7. Name and Address of New Registered Agent

Name

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

11829 Hartfordshire Way

Orlando

City

FL

Zip Code

32824

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)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAMKISSOON, ASWINNE
580 NW 159TH AVE
PEMBROKE PINES FL 33028

☐ Delete

address change →

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
11829 Hartfordshire Way
Orlando, FL 32824

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Aswinne V. Ramkisson (Aswinne V. Ramkisson) 3/26/01 (407) 438-8635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0111008