

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007312

1. Entity Name

J.L.P. TRUCKING, INC.

**FILED**  
May 31, 2000 8:00 am  
Secretary of State

05-31-2000 90033 016 \*\*\*150.00

Principal Place of Business

542 W DAYTON CIR  
FT. LAUDERDALE FL 33312  
US

Mailing Address

542 W DAYTON CIR  
FT. LAUDERDALE FL 33312-1813  
US

2. Principal Place of Business

3. Mailing Address

JLP TRUCKING INC JLP TRUCKING INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

542 W DAYTON CIR PO BOX - 120216

City & State

City & State

FT LAUDERDALE FL FT LAUD FL

Zip Country 33312 BROWARD 33312-0004 BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0628786

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

LASSIN, JEAN P.  
542 W. DAYTON CIR  
FT. LAUDERDALE FL 33312

Name JEAN PLASSIN

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

542 W DAYTON CIR

FT LAUDERDALE FLORIDA 33312

City

FL

Zip Code

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

*J. Lassin*

*J. Lassin*

4-29-00

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, 2000 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 ☐ Delete  
NAME LASSIN, JEAN P  
STREET ADDRESS 542 W. DAYTON CIR.  
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE ☐ Change ☐ Addition  
NAME SAM  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: JEAN PLASSIN *J. Lassin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00 954 321 0671  
Date Daytime Phone #

CR2E 03- (9/99)