2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P96000045787** Jul 31, 2000 8:00 am Secretary of State A & A TRUCKING, INC. 07-31-2000 90007 044 ***150.00 Mailing Address Principal Place of Business 811 HOLLYWOOD PLACE 811 HOLLYWOOD PLACE WEST-PALM BEACH FL 33405 WEST PALM BEACH FL 33405 Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0683581 Not Applicable 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 ALMEIDA, ARGELIO 811 HOLLYWOOD PLACE WEST PALM BEACH FL 33405 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE Defete TITLE ALMEIDA, ARGELIO NAME NAME STREET ADDRESS STREET ADDRESS 6810 WHISPERING PINES RD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32824 ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE 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-7IP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITI F ☐ Addition TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

OSSIMPLANDEREQUIRED

7-14-00

Davtime Phone

Attachment P96000045787 7/24/00 PNUNU257

To whom it may concern:

I talked to sometime in Annual Reports

because we did not recieve the

1st notice, and I was to 12 to

Send \$150.00 and to fill out the

paper with proper changes.

Thew address:

6810 Whispering Pines Rd. again almide

68/0 Whispering Pines Rd.
Or/Ando, Fl. 32824
Adress was change last your)

A & A TRUCKING, INC. 6810 Whispering Pines Rd Orlando, FL 32824