

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050486

1. Entity Name
LEONZI JONES TRUCKING INC.

APPROVED
AND
FILED

1082

00 OCT -6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8500 N.W. 22ND AVENUE MIAMI FL 33142		Mailing Address 8500 N.W. 22ND AVENUE MIAMI FL 33142	
2. Principal Place of Business		3. Mailing Address 3899 N.W. 7TH ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 200	
City & State		City & State MIAMI - FL	
Zip	Country	Zip	Country
33126		33126	U.S.A
4. FEI Number		5. Certificate of Status Desired	
65-0683717		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JONES, LEONZI 8500 N.W. 22ND AVENUE MIAMI FL 33142		Name Street Address (P.O. Box Number is Not Acceptable) 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

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, LEONZI 8500 N.W. 22 AVENUE MIAMI FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003438091 -10/24/00--01092--025 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, FLONNIE 8500 N.W. 22ND AVENUE MIAMI FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/08/00

Date

Daytime Phone #

CR2E034 (5/00)

attachment

PG 6000050486

262
A0571601

09/08/00

TO: DEPARTMENT of STATE

Subject: Annual Report 2000

As per our conversation - enclosed please find,
the annual report with the original fee of \$150⁰⁰,
due as told your department we never received
the first version of your report due the mailing
address was incorrect. We apologize for any
inconvenience we may have caused.

Sincerely yours

