

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059613

1. Entity Name

BLUES TRUCKING, INC.

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90017 045 ***150.00

Principal Place of Business

Mailing Address

10901 E. GOLF DRIVE
MIAMI FL 33167
US

PO BOX 471195
MIAMI FL 33247-1195
US

2. Principal Place of Business

10901 E. Golf Dr.

3. Mailing Address

P.O. Box 471195

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fla. 33167

City & State

Miami, Fla. 33247

Zip

Country

33167

Miami-Dade

Zip

Country

33247

Miami-Dade

4. FEI Number

31-1473335

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

THOMAS, JUANITA G
10901 E. GOLF DRIVE
MIAMI FL 33167

Name Willie C. Thomas

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

10901 E. Golf Dr.

City

Miami,

FL

Zip Code 33167

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

Juanita Thomas Willie C. Thomas

DATE 3-8-00

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 DS
NAME THOMAS, JUANITA G
STREET ADDRESS 10901 E GOLF DR
CITY-ST-ZIP MIAMI FL

TITLE Vice President
NAME JUANITA THOMAS
STREET ADDRESS 10901 E. GOLF DR.
CITY-ST-ZIP MIAMI, FLA. 33167

TITLE President
NAME Willie C. Thomas
STREET ADDRESS 10901 E. GOLF DR.
CITY-ST-ZIP MIAMI, FLA. 33167

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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:

Juanita Thomas JUANITA Thomas 3-8-00 305-681-1158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)