

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90082 018 \*\*\*150.00

**DOCUMENT # P96000070034**

1. Entity Name  
**PORTLAND TRUCKING SERVICES, INC.**



Principal Place of Business  
**111 NW 183RD ST  
#302  
MIAMI FL 33169**

Mailing Address  
**111 NW 183RD ST  
#302  
MIAMI FL 33169**



2. Principal Place of Business  
**160 NW 176 STREET**

3. Mailing Address  
**160 NW 176 STREET**

Suite, Apt. #, etc.  
**309**

Suite, Apt. #, etc.  
**309**

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

Zip Country  
**33169 U.S.A.**

Zip Country  
**33169 U.S.A.**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0688315**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

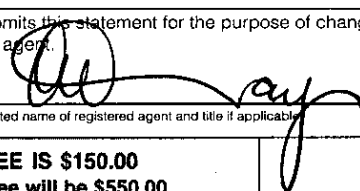
**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WRAY, ORLANDO  
9920 S.W. 8TH STREET  
PEMBROKE PINES FL 33169**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**3808 SW 167 AVENUE**  
City **MIRAMAR** **FL** Zip Code **33027**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **1/21/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☐ Delete  
NAME **WRAY, ORLANDO F**  
STREET ADDRESS **9920 S.W. 8TH STREET**  
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **P** ☒ Change ☐ Addition  
NAME **WRAY, ORLANDO F.**  
STREET ADDRESS **3808 SW 167 AVENUE**  
CITY-ST-ZIP **MIRAMAR, FL. 33027**

TITLE **V** ☐ Delete  
NAME **GORDON, KENNETH**  
STREET ADDRESS **2801 NW 112 AVE**  
CITY-ST-ZIP **PLANTATION FL 33323**

TITLE **V** ☒ Change ☐ Addition  
NAME **GORDON, KENNETH**  
STREET ADDRESS **929 NW 161 AVENUE**  
CITY-ST-ZIP **PEMBROKE PINES, FL. 33028**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/21/03** 305-690-9120

DATE Daytime Phone #

CR2E034 (10/02)