

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005340

1. Entity Name

MANNY & SONS TRUCKING CORP.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90117 048 ***150.00

Principal Place of Business

Mailing Address

4000 NORTHEAST 3 AVENUE
POMPANO BEACH FL 33064

4000 NORTHEAST 3 AVENUE
POMPANO BEACH FL 33064-3535

2. Principal Place of Business

4000 NORTHEAST 3 AVE

3. Mailing Address

4000 NORTHEAST 3 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH, FLORIDA

City & State

POMPANO BEACH, FL

4. FEI Number

65-0720874

Applied For

Not Applicable

Zip

Country

33064

USA

Zip

Country

33064

USA

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

FRANCA, JULIANA
3361 N. FEDERAL HWY
POMPANO BEACH FL 33064

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

02/09/00

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 ☐ Delete
NAME PD
STREET ADDRESS DA SILVA, MANOEL M
CITY-ST-ZIP 4000 NORTHEAST 3 AVENUE
POMPANO BEACH FL 33064

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

TITLE ☐ Delete
NAME VSD
STREET ADDRESS DA SILVA, VIRGINIA R
CITY-ST-ZIP 4000 NORTHEAST 3 AVENUE
POMPANO BEACH FL 33064

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

TITLE ☐ Delete
NAME T
STREET ADDRESS DA SILVA, MANOEL M
CITY-ST-ZIP 4000 NORTHEAST 3 AVENUE
POMPANO BEACH FL 33064

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

02 / 09 / 2000 954-942-6537