

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005340

1. Entity Name

MANNY & SONS TRUCKING CORP.

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90069 033 \*\*\*150.00

Principal Place of Business

4000 NORTHEAST 3 AVENUE  
POMPANO BEACH FL 33064

Mailing Address

4000 NORTHEAST 3 AVENUE  
POMPANO BEACH FL 33064

C0043668



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4000 Northeast 3 AV.

Suite, Apt. #, etc.

3. Mailing Address

4000 Northeast 3 AVE

Suite, Apt. #, etc.

City & State

Pompano Beach

Zip

FL

Country

33064

City & State

POMPANO BEACH

Zip

FL

Country

33064

4. FEI Number

65-0720874

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRANCA, JULIANA

3361 N. FEDERAL HWY

POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

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

04/02/01

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, 2001 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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/02/01

CR2E034 (10/00)

0126392