

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

018841 AV

DOCUMENT # P97000005340

1. Entity Name
MANNY & SONS TRUCKING CORP.



04-15-2003 90127 021 ***150.00

Principal Place of Business
**4000 NORTHEAST 3 AVENUE
POMPANO BEACH FL 33064**

Mailing Address
**4000 NORTHEAST 3 AVENUE
POMPANO BEACH FL 33064**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0720874**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DESPACHANT, BRAS, LEIRO
3361 N. FEDERAL HWY
POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name **MANOEL M. DA SILVA**

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

4000 NORTHEAST 3 AVE.

City **POMPANO BEACH** FL **33064**

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 (NOTE: Registered Agent signature required when reinstating) DATE

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

2/17/03 (954) 553 0123

Date Daytime Phone #

CR2E034 (10/02)