

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90118 049 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000008183**

1. Corporation Name
M B TRUCKING, INC.

Principal Place of Business
**2654 S.W. ACCO ROAD
PORT ST. LUCIE FL 34953**

Mailing Address
**2654 S.W. ACCO ROAD
PORT ST. LUCIE FL 34953**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1997

4. FEI Number

65-0725595

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **2400 SE MidPort**

Suite, Apt. #, etc.

22 **200**

City & State

23 **PORT ST LUCIE**

Zip

24 **FL 34953**

Country

2a. Mailing Address

26 **2400 SE MidPort**

Suite, Apt. #, etc.

27 **200**

City & State

28 **PORT ST LUCIE FL**

Zip

29 **34953**

Country

30

9. Name and Address of Current Registered Agent

**BLONSHTEYN, MAK
2654 S.W. ACCO ROAD
PORT ST. LUCIE FL 34953**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOT a Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D BLONSHTEYN, MAK**
STREET ADDRESS **2654 S.W. ACCO ROAD**
CITY-STATE-ZIP **PORT ST. LUCIE FL 34953**

TITLE ☐ DELETE

NAME **D JAPAN, SUIATOSLAU**
STREET ADDRESS **815 NECK RD 6P**
CITY-STATE-ZIP **BROOKLYN NY 11223**

TITLE ☐ DELETE

NAME **D GRANZBERG, ARKADY**
STREET ADDRESS **41 MARIET AVE**
CITY-STATE-ZIP **WOODBIDGE CT 06251**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MAKS BLONSHTEYN** *Blonsh/teyn* **4/19/99** **(561)337-3200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)