2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015715

1. Entity Name		
KELLY TRUCKING INC.		
Principal Place of Business	Mailing Address	
S.W. 49TH STREET FL 33027	15191 S.W. 49TH STREET MIRAMAR FL 33027-3645	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip Country	Zip Country	

6. Name and Address of Current Registered Agent.

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

OFFICERS AND DIRECTORS

INSIGNARES, EDGARDO

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

11.

TITLE

TITLE

NAME

NAME

TITLE

NAME

(See criteria on back)

15191 S.W. 49TH STREET MIRAMAR FL 33027

9. This corporation is eligible to satisfy its Intangible

INSIGNARES, EDGARDO

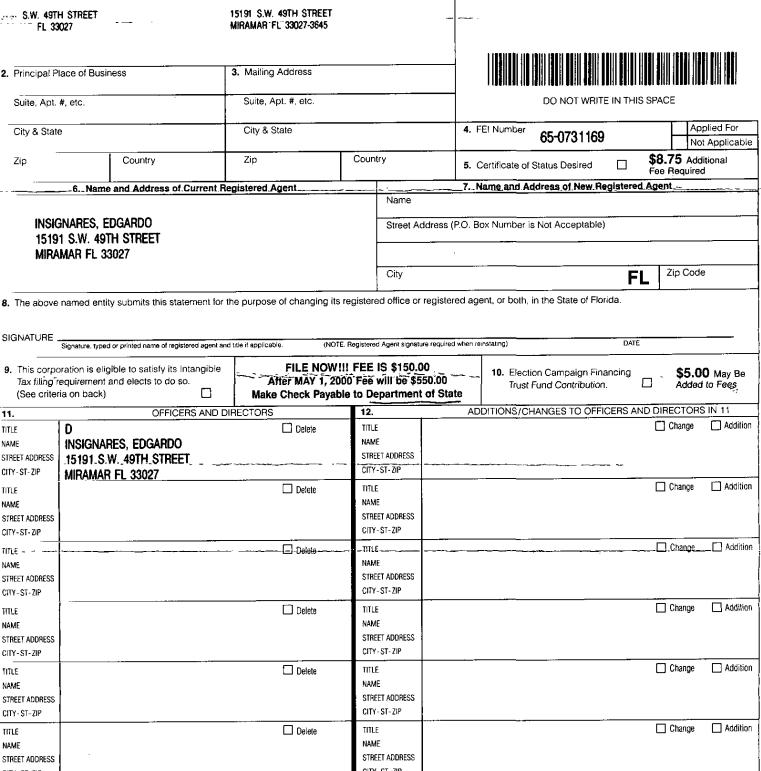
MIRAMAR FL 33027

.15191.S.W._49TH_STREET_

Tax filing requirement and elects to do so.

Apr 14, 2000 8:00 am Secretary of State

04-14-2000 90004 005 ***150.00



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.

CITY-ST-ZIP

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

☐ Delete

☐ Delete

☐ Delete

☐ Delete

Delete

☐ Delete

12

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITI F NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #