2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700043911 1. Entity Name ARM TRUCKING, INC.

Principal Place of Business

2. Principal Place of Business

MIAMI FL 33175

Suite, Apt. #, etc.

City & State

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

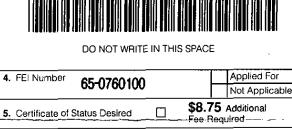
 12872 SW 46TH TER
 12872 SW 46TH TER

 MIAMI FL 33175
 MIAMI FL 33175-4620

Country

FILED May 16, 2000 8:00 am Secretary of State

05-16-2000 90154 040 ***150.00



6. Name and Address of Current Registered Agent
7. Name
Name
RIVERA, MARIA
Street Address (P.O. Box
12872 SW 46TH TER

Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. Tr	he above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flor	ida.
SIGN	NATURE	

Country

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

(See criteria on back)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. M Addition D ☐ Delete TITLE TITLE NAME RIVERA, MARIA NAME STREET ADDRESS 12872 SW 46TH TER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP.

13. Thereby certify that the information supplied with this filling 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 all other-like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-00

Daytime Phone #

CR2E034 (9/99)