

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054867

1. Entity Name

TROPICAL TRUCK & TRANSPORT, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90076 016 \*\*\*163.75

Principal Place of Business 5100 N. OCEAN BLVD. 1112 FT. LAUDERDALE FL 33308	Mailing Address 5100 N. OCEAN BLVD. 1112 FT. LAUDERDALE FL 33308-3013
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2. Principal Place of Business 6561 Stirling Road Suite, Apt. #, etc.	3. Mailing Address 6561 Stirling Road Suite, Apt. #, etc.
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City & State Davie, FL	City & State Davie, FL
Zip 33314	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0762301	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEREZ, CARLOS A 2310 N 70TH AVE HOLLYWOOD FL 33024
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6561 Stirling Road City Davie FL Zip Code 33314
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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 <i>Carolina Perez</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4/29/00 (NOTE: Registered Agent signature required when reinstating)
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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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, CARLOS A 2310 N. 70TH AVENUE HOLLYWOOD FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIZCAYA, GRACIELA 2310 N. 70TH AVENUE HOLLYWOOD FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Carolina Perez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/29/00	DAYTIME PHONE # (954) 584-9600
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CR2E034 (9/99)