

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90302 020 ***155.00

DOCUMENT # P97000054867

1. Entity Name

TROPICAL TRUCK & TRANSPORT, INC.

Principal Place of Business

**6561 STIRLING RD.
 DAVIE FL 33314**

Mailing Address

**6561 STIRLING RD.
 DAVIE FL 33314**

2. Principal Place of Business

1001 N. Fed. Hwy #321

3. Mailing Address

P.O. Box 1263

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hallandale Beach

City & State

Hallandale B. Fl.

4. FEI Number

65-0762301

Applied For

Not Applicable

Zip

Country

FL 33009 USA

Zip

Country

33009 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ, CARLOS A
 6561 STIRLING RD.
 DAVIE FL 33314**

7. Name and Address of New Registered Agent

Name **Graciela Vizcaya**

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

1001 N. Fed. Hwy #321

City **Hallandale Beach FL** Zip Code **33009**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 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	VD PEREZ, CARLOS A 6561 STIRLING ROAD DAVIE FL 33314	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GRACIELA VIZCAYA 1001 N. Federal Highway #321 Hallandale B. Fl. 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VIZCAYA, GRACIELA 6561 STIRLING ROAD DAVIE FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LINA M. PEREZ Vice President 1001 N. Fed. Hwy #321 Hallandale Beach, FL. 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIERRA, MARIA C 6561 STIRLING ROAD DAVIE FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary MARIA M. CASTRO 1001 N. Fed. Hwy #321 Hallandale B. Fl. 33009	<input checked="" 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	Sales Manager MARIA M. CASTRO 1001 N. Fed. Hwy #321 Hallandale B. Fl. 33009	<input checked="" 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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0128764 AV 0128764 CR2E034 (9/01)