

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90098 043 ***150.00

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DOCUMENT # P97000061279

1. Entity Name
MES TRUCKING, INC.



Principal Place of Business
**1944 MICHIGAN AVENUE
SUITE 25
MIAMI BEACH FL**

Mailing Address
**1944 MICHIGAN AVENUE
SUITE 25
MIAMI BEACH FL**



2. Principal Place of Business
1932 MICHIGAN AVE

3. Mailing Address
1932 MICHIGAN AVE

Suite, Apt. #, etc.
7

Suite, Apt. #, etc.
7

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI BEACH FL.

City & State
MIAMI BEACH FL.

4. FEI Number **65-0771021**

Applied For
☐ Not Applicable

Zip
33139

Country
USA

Zip
33139

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ, MIGUEL E
1944 MICHIGAN AVENUE
SUITE 25
MIAMI BEACH FL**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

4/03/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SANCHEZ, MIGUEL E**
STREET ADDRESS **1944 MICHIGAN AVENUE, #25**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment to this report, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/03/03 (205) 389-3867

CR2E034 (10/02)