

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90146 048 \*\*\*150.00

**DOCUMENT # P97000071597**

**1. Entity Name**  
**K L R TRUCKING INC**

**Principal Place of Business**  
**408 SW 10TH AVE**  
**BOYNTON BEACH FL 33435**  
**US**

**Mailing Address**  
**408 SW 10TH AVE**  
**BOYNTON BEACH FL 33435**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-0781141**

Applied For

Not Applicable

**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**

**RAMPERSAD, IVAN**  
**400 SW 10TH AVE**  
**BOYNTON BEACH FL 33435**

**Name** **ALLAN CHULHAN**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**408 SW 10TH AVE**  
**BOYNTON BCH**  
**City** **FL** **Zip Code** **33435**

**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** *Rena Allen*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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, 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** **P** ☐ Delete  
**NAME** **ALLAN, RENA**  
**STREET ADDRESS** **400 SW 10TH AVE**  
**CITY-ST-ZIP** **BOYNTON BEACH FL 33435**

**TITLE** **V** ☐ Change ☒ Addition  
**NAME** **ALLAN CHULHAN**  
**STREET ADDRESS** **408 SW 10TH AVE**  
**CITY-ST-ZIP** **BOYNTON BCH FL 33435**

**TITLE** **V** ☒ Delete  
**NAME** **ALLAN, CHULAN**  
**STREET ADDRESS** **400 SW 10TH AVE**  
**CITY-ST-ZIP** **BOYNTON BEACH FL 33435**

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

**TITLE** **V** ☒ Delete  
**NAME** **RAMPERSAD IVAN**  
**STREET ADDRESS** **408 SW 10TH AVE**  
**CITY-ST-ZIP** **BOYNTON BCH FL 33435**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**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:** *Rena Allen*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*4/15/02*

*561-351-4921*

Date

Daytime Phone #

CR2E034 (9/01)