

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072142

1. Entity Name

ONE STOP TRUCK STOP CORP.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90079 047 ***158.75

Principal Place of Business

Mailing Address

9455 N.W. 109TH STREET
SUITE 201
MEDLEY FL 33178

9455 N.W. 109TH STREET
SUITE 201
MEDLEY FL 33178-1227

2. Principal Place of Business

10505 W. OKEECHOBEE RD.

Suite, Apt. #, etc.
201

3. Mailing Address

10505 W. OKEECHOBEE RD

Suite, Apt. #, etc.
201

City & State
HIALEAH GARDENS, FL

City & State
HIALEAH GARDENS, FL

Zip
33018

Country
MIAMI - DADE

Zip
33018

Country
MIAMI - DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0775447

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

ALVAREZ, JUAN C
9455 N.W. 109TH STREET
SUITE 201
MEDLEY FL 33178

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.

SIGNATURE

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, 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	<input type="checkbox"/> Delete
PTD	ALVAREZ, JUAN C	10210 N.W. 130TH STREET	HIALEAH GARDEN FL 33018	<input type="checkbox"/>
VSD	RODRIGUEZ, MARIA M	10280 N.W. 129TH STREET	HIALEAH GARDEN FL 33018	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/00

Date

305-889-2100

Daytime Phone #

CR2E034 (9/99)