

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072342

1. Entity Name

ISLANDS TRUCKING INC.

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91346 035 \*\*\*150.00

0002014

Principal Place of Business

Mailing Address

8038 NW 103RD STREET  
BAY 41  
HIELEAH GARDENS FL 33016  
US

8038 NW 103RD STREET  
BAY 41  
HIELEAH GARDENS FL 33016  
US

**C0028516**

2. Principal Place of Business

3. Mailing Address

402 NW 74 Ave

402 NW 74 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Back Bldg.

Back Bldg.

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33106

Dade

33106

Dade

4. FEI Number 65-0777963

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

HAWKINS, KIM  
7751 NW 181 ST  
MIAMI FL 33015

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, 2001 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	S	<input type="checkbox"/> Delete
NAME	HAWKINS, KIMBERLY ANN	
STREET ADDRESS	7751 N.W. 181ST	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	P	<input type="checkbox"/> Delete
NAME	BEQUIRISTAIN, OSCAR	
STREET ADDRESS	7751 N.W. 181 ST	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)