

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90018 005 \*\*\*150.00

**DOCUMENT # P97000072342**

1. Entity Name  
**ISLANDS TRUCKING INC.**

Principal Place of Business

**6402 NW 74TH AVENUE  
 BACK BLDG  
 MIAMI FL 33166  
 US**

Mailing Address

**6402 NW 74TH AVENUE  
 BACK BLDG  
 MIAMI FL 33166  
 US**

2. Principal Place of Business

**6402 NW 74 Ave**

3. Mailing Address

**6402 NW 74 Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami FL**

City & State

**Miami FL**

Zip

**33166**

Country

**USA**

Zip

**33166**

Country

**USA**

4. FEI Number

**65-0777963**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

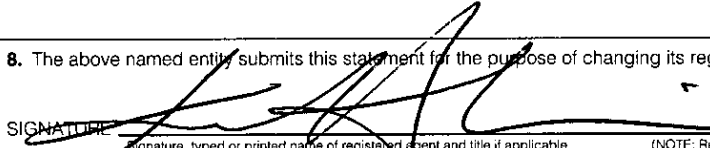
6. Name and Address of Current Registered Agent

**HAWKINS, KIM  
 7751 NW 181 ST  
 MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name **Kim Hawkins**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7751 NW 181 ST**  
 City **Miami FL** Zip Code **33015**

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

**4/22/02**

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

TITLE **S** ☐ Delete  
 NAME **HAWKINS, KIMBERLY ANN**  
 STREET ADDRESS **7751 N.W. 181ST**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **P** ☐ Delete  
 NAME **BEQUIRISTAIN, OSCAR**  
 STREET ADDRESS **7751 N.W. 181 ST**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

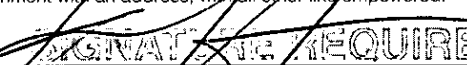
TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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:

  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)