

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91408 007 ***150.00

0164263 AV

DOCUMENT # P97000072992

1. Entity Name
OLIVER SAMUEL TRUCKING INC.



Principal Place of Business
5525 S.W. 41ST STREET.. #322
PEMBROKE PINES FL 33023

Mailing Address
5525 S.W. 41ST STREET.. #322
PEMBROKE PINES FL 33023

2. Principal Place of Business
5525 S.W. 41st
Suite, Apt. #, etc.
322

3. Mailing Address
5525 S.W. 41st
Suite, Apt. #, etc.
322

City & State
Pembroke Park FL
Zip
33023
Country

City & State
Pembroke Park FL
Zip
33023
Country

4. FEI Number 65-0546768
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SAMUEL, ANIELL
5525 S.W. 41ST STREET., #322
PEMBROKE PINES FL 33023

7. Name and Address of New Registered Agent

Name: SAMUEL, ANIELL
Street Address (P.O. Box Number is Not Acceptable)
5525 S.W. 41st
City: Pembroke Park FL Zip Code: 33023

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SAMUEL, OLIVER	
STREET ADDRESS	5525 S.W. 41ST #322	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL, OLIVER	
STREET ADDRESS	5525 S.W. 41st #322	
CITY-ST-ZIP	PEMBROKE PARK FL 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 with an address, with another like empowered.

SIGNATURE:

Oliver Samuel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-03 954-816-1525

CR2E034 (10/02)