

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91196 020 ***150.00

DOCUMENT # P97000106558

1. Entity Name

T & L TRUCKING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14130 N.W. 1 AVENUE

3. Mailing Address

14130 N.W. 1 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
65-0814690

Applied For
Not Applicable

Zip
33168

Country
USA

Zip
33168

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MANUEL A. PONCE**

Street Address (P.O. Box Number is Not Acceptable)

14130 N.W. 1 AVENUE

City **MIAMI,** **FL** **Zip Code** **33168**

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

Manuel A. Ponce

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

(NOTE: Registered Agent signature required when reinstating)

5-20-02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **D**
NAME **PONCE, MANUEL A.**
STREET ADDRESS **14130 N.W. 1 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **PONCE, LAURA C.**
STREET ADDRESS **14130 N.W. 1 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Laura C. Ponce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-02

Date

305-687-8834

Daytime Phone #

CR2E034B (12/01)

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

Attachment

AUG 20 PM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000106558

1. Corporation Name
T & L TRUCKING, INC.

Principal Place of Business

14130 NW 1ST AVE.
MIAMI FL 33168

Mailing Address

4431 DAVE RD
SUITE 121
DAVE FL 33314
US

2. Principal Place of Business

21

2a. Mailing Address

26

14130 NW 1st Ave

Suite, Apt. #, etc.

27

City & State

28

Miami, FL

29

Zip

33168

Country

USA

3. Date Incorporated or Qualified

12/18/1997

4. FEI Number

65-0814690

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

~~CENCEBAUGH, SANDRA
4431 DAVE RD
SUITE 121
DAVE FL 33314~~

10. Name and Address of New Registered Agent

81 Name

MANUELA PONCE

82 Street Address (P.O. Box Number is Not Acceptable)

14130 NW 1st Ave

83

84 City

Miami

FL

85 Zip Code

33168

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PONCE, MANUEL A	
STREET ADDRESS	14130 NW 1ST AVE.	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PONCE, LAURA C	
STREET ADDRESS	14130 NW 1ST AVE.	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laura C. Ponce

4-26-99