

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008445

1. Entity Name

MAXITRUCK CORP.

Principal Place of Business

8264 NW S RIVER DRIVE
MIAMI FL 33166

Mailing Address

8264 NW S RIVER DRIVE
MIAMI FL 33166-7451

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GUERRERO, JORGE E
8264 NW S RIVER DRIVE
MIAMI FL 33166

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]

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GUERRERO, JORGE E	
STREET ADDRESS	8264 NW S RIVER DRIVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUERRERO, JUAN C	
STREET ADDRESS	8264 NW S RIVER DRIVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUERRERO, ANGELICA	
STREET ADDRESS	8264 NW S RIVER DRIVE	
CITY-ST-ZIP	MIAMI FL 33166	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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		

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-02-2000 305 863-8930
Date Daytime Phone #

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90045 040 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0807598

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent