

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012965

1. Entity Name

SOUTH FLORIDA TRUCKING, INC.

Principal Place of Business

14418 PADDOCK DR
WELLINGTON FL 33414

Mailing Address

958 S MILITARY TRAIL
SUITE #77
WPB FL 33415-3910
US

2. Principal Place of Business

680 S. Military Tr

3. Mailing Address

309 Enfield CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

West Palm Beach FL

4. FEI Number

65-0810464

Applied For

Not Applicable

Zip

33415

Country

USA

Zip

33415

Country

USA

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

ACOSTA, EVELYN

14418 PADDOCK DR

WELLINGTON FL 33414

Name

Nestor Rodriguez

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

309 Enfield CT

City

West Palm Beach FL

Zip Code

33415

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

Nestor Rodriguez

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

(NOTE: Registered Agent signature required when reinstating)

3-20-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME ACOSTA, EVELYN
STREET ADDRESS 14418 PADDOCK DR
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ Change ☒ Addition
NAME Nestor Rodriguez
STREET ADDRESS 309 Enfield CT
CITY-ST-ZIP West Palm Beach, FL 33415

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Nestor Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-2000

Date

561-6842595

Daytime Phone #

CR2E034 (9/99)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90106 001 *****8.75

03-21-2000 90106 002 ***150.00



DO NOT WRITE IN THIS SPACE