

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90282 028 ***150.00

DOCUMENT # <i>P98000013977</i>	
1. Entity Name <i>Magna Trucking Services Inc</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>336 NW153 AVE</i>	3. Mailing Address <i>336 NW153 AVE</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

90103971

DO NOT WRITE IN THIS SPACE

City & State <i>Pembroke Pines FL</i>	City & State <i>Pembroke Pines</i>	4. FEI Number <i>650811854</i>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <i>33028</i>	Country <i>Broward</i>	Zip <i>33028</i>	Country <i>Broward</i>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>Osbaldo Lugo</i>
Street Address (P.O. Box Number is Not Acceptable) <i>336 NW153 AVENUE</i>
City <i>Pembroke Pines</i>
FL
Zip Code <i>33028</i>

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

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$650.00
Amended UBR is \$61.25
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 <i>President</i>	TITLE
NAME <i>Osbaldo Lugo</i>	NAME
STREET ADDRESS <i>336 NW153 AVENUE</i>	STREET ADDRESS
CITY-ST-ZIP <i>Pembroke Pines FL 33028</i>	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
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CITY-ST-ZIP	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Osbaldo Lugo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

Date

954-443-6824

Daytime Phone #

CR2E034B (12/02)