

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90021 026 \*\*\*150.00

**DOCUMENT # P98000020850**

1. Entity Name  
**B.E.C. TRUCKING, INC.**

Principal Place of Business

11230 N.W. 5TH TERRACE  
 MIAMI FL 33172

Mailing Address

10707 NW 32 PLACE  
 SUNRISE FL 33351  
 US

2. Principal Place of Business

14900 SW 151<sup>ST</sup> TERRACE

Suite, Apt. #, etc.

3. Mailing Address

14900 SW 151<sup>ST</sup> TERRACE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0824977

Applied For

Not Applicable

Zip

33196

Country

US

Zip

33196

Country

US

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

VELAZQUEZ, NANCY  
 10707 NW 32 PL  
 SUNRISE FL 33351

Name

NANCY VELAZQUEZ

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

14900 SW 151<sup>ST</sup> TERRACE

City

MIAMI

FL

Zip Code

33196

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P**  
**PEREZ, MARIANO**  
**10707 NW 32 PLACE**  
**SUNRISE FL 33351** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PEREZ MARIANO**  
**14900 SW 151<sup>ST</sup> TERRACE**  
**MIAMI, FL 33196** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-00 (954) 741-2076  
 Date Daytime Phone #

CR2E034 1/9/99