FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2007 8:00 am
Secretary of State
05-09-2007 90090 028 ***150.00

DOCUMENT # P98000027504

1. Entity Name
Lindo Trucking Inc.

DO NOT WRITE IN THIS SPACE

40108623

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2. Principal Place of Business	3. Mailing Address
1480 N.W 193 Terrace	727 Ogeechee Drive
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Miami Florida	City & State: Statesboro GA.
Zip: 33169 Country:	Zip: 30461 Country:

4. FEI Number 65-0822968 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**
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, 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) ☐

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	PSTD	TITLE	
NAME	Lindo Augustus L.	NAME	
STREET ADDRESS	727 East Ogeechee Drive	STREET ADDRESS	
CITY-ST-ZIP	Statesboro GA 30461	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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: Augustus Lindo 04-29-2007 305 527 6712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #