

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90044 027 ***150.00

0230510 AV

DOCUMENT # P98000034972

1. Entity Name
EXUS TRUCKS, INC.

Principal Place of Business Mailing Address
2751 NW 84TH ST **2751 NW 84TH ST**
MIAMI FL 33147 **MIAMI FL 33147**

839323



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4001 NW 32nd Avenue
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, FL
 Zip Zip Country
33142 **Dade**

4. FEI Number Applied For
65-0831435 Not Applicable

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

6. Name and Address of Current Registered Agent

LIMONTE, OBED
1240 NW 32 PL.
MIAMI FL 33125

7. Name and Address of New 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 _____ (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, 2002 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	D <input type="checkbox"/> Delete
NAME	LIMONTE, OBED
STREET ADDRESS	1240 NW 32 PL
CITY-ST-ZIP	MIAMI FL 33125
TITLE	P <input type="checkbox"/> Delete
NAME	DE LA OLIVA, FRANK
STREET ADDRESS	90 NW 154TH STREET
CITY-ST-ZIP	MIAMI FL 33169
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	

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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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 information.

SIGNATURE: *Obede Limonte*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/02 305-634-9424
 Date Daytime Phone #

CR2E034 (9/01)