**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9800054867  1. Entity Name JR MANEL TRUCKING, INC.							Jan 18, 2002 8:00 am Secretary of State 01-18-2002 90003 038 ***150.00				
Principal Place of Business 259 SW 159TH WAY SUNRISE FL 33326 US			Mailing Address 259 SW 159TH WAY SUNRISE FL 33326 US								
2. Principal P	lace of Busi	ness	3. Mailing Address						<b>       </b>	8)        <b>  </b>	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			<b>4.</b> F	65-0841191		_ <del></del>	oplied For ot Applicable	
Zip		Country	Zip	Coun	try	5. (	Certificate of Status Desired		<b>8.75</b> Addee Require		
	6. Name	and Address of Current	Registered Agent		Name	7 <u>.</u> _0	lame and Address of New R	egistered Ag	ent		
BATAT, ELIAN 259 SW 159TH WAY					Street Add	Street Address (P.O. Box Number is Not Acceptable)					
FORT LAUDERDALE FL 33326					·· <u> </u>						
					City			FL	Zip Code	е	
Tax filing r	oration is elig	d or printed name of registered agent of the printed name of registered agent of the printed		/!!! FEE 002 Fee	IS \$150.00 will be \$55	0.00	instating)  -10. Election Campaign Fin  Trust Fund Contribution		<b>\$5.0</b> Addec	0 May Be	<u> </u> 
11.		OFFICERS AND		12.		AD	DITIONS/CHANGES TO OFF				1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ELIAHU 159TH WAY FL 33326	□ Delete					[	Change	Addition	R2E034 (9/01
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete					[	Change	Addition	5
NAME STREET ADDRESS CITY-ST-ZIP	See Yange		□ Delete			-	- Secretaria degrees per	[	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		1			[	Change	☐ Addition	
TITLE NAME STREET ADDRESS			☐ Delete		ET ADDRESS				_ Change	Addition	].
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		Delete Delete	TITLE NAMI STRE			<u>an kana di Pansinya Jawa</u>	<u>(* )                                   </u>	Change	Addition	
13. I hereby of indicated of the corchanged,	on this reportion or to or on an att	ne information supplied villed into or supplemental reports the receiver or trusted important management with an address.	true and accurate and that wered to execute this repo	or the gree my signal rt as equi	motion state	d in Section ve the same l ter 607, Flori	119.07(3)(i), Florida Statutes. egal effect as if hade inder o da Statutes; and that thy nam	further certificath; that I ame appears in I	/ that the ir i an officer Block 11 or	nformation or director r Block 12 if	
SIGNAT	UKE: .	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNAM ORE/CE	R OR DIRECT	6 <sub>R</sub>	<del></del>	Date	Day	time Phone #	<u>- 120</u>	