

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074148

1. Entity Name

MIAMI EQUIPMENT & TRUCKS, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90018 014 \*\*\*150.00

Principal Place of Business

Mailing Address

2100 WEST 76TH STREET  
 SUITE 403  
 HIALEAH FL 33016-5504

2100 WEST 76TH STREET  
 SUITE 403  
 HIALEAH FL 33016-5504

LUU4133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9500 NW 58 STREET

9500 NW 58 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0860334

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

33178

Country

USA

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

PORTNOY, JOSE  
 2100 WEST 76TH STREET  
 SUITE 403  
 HIALEAH FL 33016-5504

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)

**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: PSD  
 NAME: PORTNOY, JOSE  
 STREET ADDRESS: 2100 WEST 76TH STREET #403  
 CITY-ST-ZIP: HIALEAH FL 33016  Delete

TITLE: President  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  Change  Addition

TITLE: TD  
 NAME: ALVARADO, MIGDALIA  
 STREET ADDRESS: 2100 WEST 76TH STREET #403  
 CITY-ST-ZIP: HIALEAH FL 33016  Delete

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  Change  Addition

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  Delete

TITLE: Vice President, Secretary  
 NAME: DANIEL H. NAVARRO  
 STREET ADDRESS: 9500 N.W. 58 STREET  
 CITY-ST-ZIP: Miami, FL 33178  Change  Addition

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  Delete

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  Change  Addition

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  Delete

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  Change  Addition

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  Delete

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  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:

*DANIEL H. NAVARRO*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00  
 Date

Daytime Phone #

CR2E034 (9/99)