## **2003 FOR PROFIT CORPORATION**

Mailing Address

MIAMI FL 33166

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

8181 NW 36 ST STE 18

## **UNIFORM BUSINESS REPORT (UBR)** P98000107261 **DOCUMENT #** 1. Entity Name CORAL TRUCKING CO.

Principal Place of Business

2. Principal Place of Business

Country

6. Name and Address of Current Registered Agent

8181 NW 36 ST STE 18

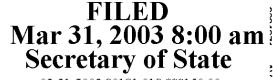
Suite, Apt. #, etc.

ALLENDE, JOSE A

City & State

Zip

MIAMI FL 33166



	03-31-2003 90181 019 *	***150.00
	CHECK HERE IF MAKING CHA	110 11510 01101 ((8) (80)
<del></del>	4 EE Number	Applied For
	65-0889468	Not Applicable
Country		75 Additional Required
	7. Name and Address of New Registered Agent	1
Name .		
Street Address (	P.O. Box Number is Not Acceptable)	an dispersion of the second se
City	<u> </u>	lip Code
gistered office or register	ed agent, or both, in the State of Florida. I am familia	ar with, and accept

8181 NW 36 ST STE 18		onder statistics (s.o. sox trained to refer to copiasio)		
Miami Fl	33166	•		
			City	FL Zip Code
8. The above the obligat	named entity submits this statement for the purptions of registered agent.	ose of changing its re	egistered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if app	licable. (NOTE:	Registered Agent signature	p required when reinstating) DATE
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	* OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUAREZ, GRETA 8181 NW 36 ST STE 18 MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLENDE, JOSE 8181 NW 36 ST STE 18 MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 bustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with attachment with an address, with attachment with an address, with attachment with an address.

**SIGNATURE**