

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**

**Jun 07, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90169 025 \*\*\*150.00

06-07-2000 90434 028 \*\*\*150.00

**DOCUMENT # P99000000744**

1. Entity Name

**HERMANOS TRUCKING SERVICES, CORP.**

Principal Place of Business

1621 S.W. 9TH ST.  
MIAMI FL 33135

Mailing Address

1621 S.W. 9TH ST.  
MIAMI FL 33135-5223

2. Principal Place of Business

1621 S.W. 9th. Street

Suite, Apt. #, etc.

Miami, florida

City & State

33135

Zip

Country

3. Mailing Address

1621 S.W. 9th. Street

Suite, Apt. #, etc.

Miami, florida

City & State

33135

Zip

Country

4. FEI Number

APPLY - FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ENCARNACION, ALFREDO**

1621 S.W. 9TH ST.  
MIAMI FL 33135

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when retesting)

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ENCARNACION, ALFREDO** ☐ Delete  
**1621 S.W. 9th. St.**  
**Miami, Florida 33135**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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: ALFREDO ENCARNACION 4-11-00 (305) 649-7042**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #