

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001460

Entity Name  
ALLIED TRUCKING OF NAPLES, INC.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 30 N.W. 109 STREET MIAMI FL 33178-1225		Mailing Address 9390 N.W. 109 STREET MIAMI FL 33178-1225	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0802002	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES & FERNANDEZ P.A.  
2100 SALZEDO STREET  
SUITE 300  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

DELETE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUSCO, EDUARDO 9390 NW 109 STREET MEDLEY, FL 33178	<input type="checkbox"/> Delete
DELETE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
DELETE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
DELETE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
DELETE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
DELETE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SECRETARY RAUL O. SOTOJONGO 9390 NW 109 STREET MEDLEY, FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VICE-PRESIDENT RAUL SMITH 9390 NW 109 STREET MEDLEY, FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
100003179101--4 -03/22/00--01013--006 ****158.75 ****158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] DATE: 3/9/2000 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR