

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007270

Entity Name

IFA Trucking, Inc

Principal Place of Business

Mailing Address *Same*

6401 SW 116 CT MIAMI FL 33173
#6

FILED

00 MAY 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0888950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name *FRANCISCO PEREZ*

Street Address (P.O. Box Number is Not Acceptable)

6401 SW 116 CT

City *MIAMI*

FL

Zip Code 33173

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

5/23/00

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 *PDVS*
NAME *Ernesto C. Prieto* ☒ Delete
STREET ADDRESS *310 W 36 ST HIALEAH.*
CITY-ST-ZIP *FL*

TITLE *PRESIDENT* ☒ Change ☐ Addition
NAME *FRANCISCO PEREZ*
STREET ADDRESS *6401 SW 116 CT MIAMI FL 33173 #6*
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *VICEPRESIDENT* ☐ Change ☒ Addition
NAME *Adalberto PEREZ*
STREET ADDRESS *3820 SW 87 CT MIAMI FL 33165*
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *SECRETARY* ☐ Change ☒ Addition
NAME *FRANCISCO PEREZ*
STREET ADDRESS *6401 SW 116 CT MIAMI FL 33173 #6*
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *TREASURER* ☐ Change ☒ Addition
NAME *Adalberto PEREZ*
STREET ADDRESS *3820 SW 87 CT MIAMI FL 33165*
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/00

Date

(305) 283-8587

Daytime Phone #