

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91012 004 ***150.00

DOCUMENT # P9900000 7270
Entity Name IFA TRUCKING INC

DO NOT WRITE IN THIS SPACE

70054240

Principal Place of Business <u>6401 SW 116 ct</u> Suite, Apt. #, etc. <u>#6</u>		3. Mailing Address <u>6401 SW 116 ct</u> Suite, Apt. #, etc. <u>#6</u>	
City & State <u>MIAMI FL</u>		City & State <u>MIAMI FL</u>	
Zip <u>33173</u>	Country <u>DADE</u>	Zip <u>33173</u>	Country <u>DADE</u>

DO NOT WRITE IN THIS SPACE

FEL Number <u>65-0888950</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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 _____
Signature, typed or printed name of registered agent and title if applicable.

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS

FILE NAME	REET ADDRESS	TY-ST-ZIP	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
FILE NAME	REET ADDRESS	TY-ST-ZIP	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
FILE NAME	REET ADDRESS	TY-ST-ZIP	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
FILE NAME	REET ADDRESS	TY-ST-ZIP	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
FILE NAME	REET ADDRESS	TY-ST-ZIP	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
FILE NAME	REET ADDRESS	TY-ST-ZIP	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
FILE NAME	REET ADDRESS	TY-ST-ZIP	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
FILE NAME	REET ADDRESS	TY-ST-ZIP	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
FILE NAME	REET ADDRESS	TY-ST-ZIP	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
FILE NAME	REET ADDRESS	TY-ST-ZIP	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCISCO PEREZ

4/30/03

Daytime Phone # _____

CR2E034B (12/01)