

# 2000 UNIFORM BUSINESS REPORT (UBR)

5

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90210 040 \*\*\*155.00

**DOCUMENT # P99000025319**

1. Entity Name

**N & N TRUCKING, INC.**

Principal Place of Business

1841 SW 126 AVENUE  
MIRAMAR FL 33027

Mailing Address

1841 SW 126 AVENUE  
MIRAMAR FL 33027-2529

2. Principal Place of Business

1841 SW 126<sup>th</sup> AVE

Suite, Apt. #, etc.

3. Mailing Address

1841 SW 126<sup>th</sup> AVE

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

MIRAMAR FL

Zip

33027

Country

Zip

33027

Country

4. FEI Number

65-0910380

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NARENE, NABDALALL

1841 SW 126 AVENUE

MIRAMAR FL 33027

7. Name and Address of New Registered Agent

Name

NANDALALL NARENE

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

1841 SW 126<sup>th</sup> AVE

MIRAMAR

FL 33027

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

NANDALALL NARENE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
NANDALALL NARENE  
1841 SW 126<sup>th</sup> AVE  
MIRAMAR FL 33027

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
OFFICER  
RAJINDRA NARENE  
1841 SW 126<sup>th</sup> AVE  
MIRAMAR FL 33027

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

NANDALALL NARENE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00

954 214-6685

CR2E034 (9/99)