## 2001-UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

with altother like empowered.

OR DIRECTOR

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

## Aug 01, 2001 8:00 am Secretary of State DOCUMENT # P99000025893 07-05-2001 90002 029 \*\*\*150.00 IRM TRUCKING, INC. Principal Place of Business Mailing Address 1721 CAROLINA AVENUE 1721 CAROLINA AVENUE GOTHA FL 34734 GOTHA FL 34734 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3564364 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARRERO, IRIS Street Address (P.O. Box Number is Not Acceptable) 1721 CAROLINA AVENUE GOTHA FL 34734 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Change ☐ Defete TITLE ٠Q MARRERO, IRIS NAME NAME 1721 CAROLINA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GOTHA FL 34734 **VPD** ☐ Change ☐ Addition ☐ Delete TITLE MARRERO, LUIS NAME NAME 1721 CAROLINA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GOTHA FL 34734 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ND F Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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 eath; 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

**FILED** 

27/1001

Davtime Phone

Attackment

16909

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DEPARTMENT OF STATE DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE, FL 32314

IRM TRUCKING, INC 1721 CAROLINA AVENUE GOTHA, FL 34734

TO WHOM IT MAY CONCERN:

I HAVE RECENTLY RECEIVED A LETTER FROM YOUR-DEPARTMENT STATING THAT I MUST PAY A \$400 PENALTY FOR NOT FILING MY UNIFORM BUSINESS REPORT IN A TIMELY FASHION. I RECENTLY SENT IN THE REPORT TOGETHER WITH THE \$150 PAYMENT BECAUSE I HAD NOT RECEIVED MY REPORT ON TIME. I OPENED MY CORPORATION IN1999 AND WAS NOT EVEN AWARE OF THIS ANNUAL REPORT. I CALLED ON THE PHONE AND THEY TOLD ME THAT THEY HAD SENT ME AN INITIAL REPORT IN JANUARY BUT I NEVER RECEIVED IT. I SENT IN MY PAYMENT AND THE REPORT AS SOON AS I RECEIVED IT. I AM WRITING TO YOU ASKING YOU TO WAIVE THE \$400 PENALTY. I ALREADY SENT YOU A LETTER ASKING YOU TO WAIVE IT BUT IT WAS NOT ACCEPTED. I AM ASKING THAT YOU RECONSIDER MY CASE AND LET ME KNOW YOUR DECISION.

THANK YOU FOR YOUR UNDERSTANDING,

IRIS MARRERO, PRESIDENT