

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032461

1. Entity Name

ADRIANO F. BLANCO TRUCKING, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90049 018 ***150.00

Principal Place of Business

Mailing Address

7111 SW 5TH STREET
MIAMI FL 33144

7111 SW 5TH STREET
MIAMI FL 33144-2708

2. Principal Place of Business

3. Mailing Address

21410 SW 102 Ave

21410 SW 102 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0909452

Applied For

Not Applicable

Zip

33189

Country

USA

Zip

33189

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURBAY, AILIN
608 NW 57TH AVENUE
MIAMI FL 33126

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D
NAME BLANCO, ADRIANO F
STREET ADDRESS 7111 SW 5TH STREET
CITY-ST-ZIP MIAMI FL 33144 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME Blanco, Adriano F.
STREET ADDRESS 21410 SW, 102 Av.
CITY-ST-ZIP Miami, FL. 33189

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

03-09-2000

CR2E034 (9/99)