2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000035825

1. Entity Name

KAREN TRUCKING, INC.



FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90920 040 ***150.00

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Principal Place of Business 28831 SOUTHWEST 154TH COURT				Mailing Address 28831_SOUTHWEST_154TH_COURT					<u>.</u>	<u> </u>		
-HOMESTEAD 1	FL 33033			ESTEAD FL 33033			į					
2. Principal Place of Business 2883/5w/54cf				3. Mailing Address				F 100 (100) 110 (01) 0 14 (1F 00) (1 00)	80111 00160 []	INI UHIOI KUNIN	 	
Suite, Apt. #, etc. Homesteat				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State FLOYIDA				& State			4.	FEI Number 65-0912324		_ `	oplied For ot Applicable	}
Zip Country 33033 U.S					Count	Country		Certificate of Status Desired		8.75 Add ee Require		
6. Name and Address of Current F				Registered Agent			7. Name and Address of New Registered Agent					
-		•				Name						
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE				٠.,		Street Address (P.O. Box Number is Not Acceptable)						
· ·	ABLÈS FL 3									•		1
c 🏁						City				Zip Cod	е	1
1									FL	J]
	named entity ions of registe		r the purp	ose of changing its	registere	ed office or re	egistered ag	ent, or both, in the State of Flo	rida. Lam fa	ımiliar with,	and accept	
SIGNATURE .	Signature, typed o	or printed name of registered agent	and title if app	olicable. (NOTE	: Registered	d Agent signature	required when re	einstating)	DATE			
After	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o		,-	Mer no gr	~ = >		9. Election Campaign Fina Trust Fund Contribution			0 May Be	-
	(rayable to	*							0550 11/5		2 (1) (1)	-
10.	PTD	OFFICERS AND	DIRECTO		11.		AC	DDITIONS/CHANGES TO OFFI	CERS AND			ব
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CITY-ST-ZIP						ST-ZIP						
I hereby c indicated	ertify that the on this report	information supplied with or supplemental report is	this filing true and	does not qualify for accurate and that n	the exer ny signati	nption stated ure shall hav	d in Section e the same	119.07(3)(i), Florida Statutes. I legal effect as if made under o	further certi ath; that I ar	fy that the ir n an officer	nformation or director	

2. Thereby certify that the information supplied with mist limit does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Horner 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 10 or Block 11.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

3-24-03-248-9646