

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90084 014 ***150.00

DOCUMENT # P99000037087

1. Entity Name

LAZARO PEREZ TRUCKING COMPANY, INC.

Principal Place of Business 3130 W. LAMBRIGHT ST. APT. 123 TAMPA FL 33614	Mailing Address 3130 W. LAMBRIGHT ST. APT. 123 TAMPA FL 33614-4702
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00013037



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3002 W. Kenmore Avenue Suite, Apt. #, etc.	3. Mailing Address 3002 W Kenmore Ave nue Suite, Apt. #, etc.
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City & State Tampa, Florida 33614	City & State Tampa, Florida 33614
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4. FEI Number 59-3574481	Applied For Not Applicable
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Zip 33614	Country Hillsborough	Zip 33614	Country Hillsborough
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PEREZ, LAZARO
3130 W. LAMBRIGHT ST. APT. 123
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name
Perez, Lazaro

Street Address (P.O. Box Number is Not Acceptable)
3002 W Kenmore Avenue

City
Tampa

State
FL

Zip Code
33614

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 *Lazaro Perez* **President** **January 21, 2000**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, LAZARO 3130 W. LAMBRIGHT ST. APT. 123 TAMPA FL 33614 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Perez, Lazaro 3002 W Kenmore Avenue Tampa, Florida 33614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lazaro Perez* **Lazaro Perez** **1/21/00** **813-935-3177**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #