

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043433

1. Entity Name
FIFTY DUMPTRUCKS CORP.

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90276 019 ***150.00

Principal Place of Business
331 SW 123 AVENUE
MIAMI FL 33184

Mailing Address
331 SW 123 AVENUE
MIAMI FL 33184-1527

2. Principal Place of Business
9098 NW 117TH Terrace
Suite, Apt. #, etc.

3. Mailing Address
9098 NW 117TH Terrace
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Hialeah Gardens, FL.
Zip
33018
Country
USA

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Zip
33018
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4. FEI Number
65-0920681
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORAN, VICENTE
331 SW 123 AVENUE
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name
Moran Vicente
Street Address (P.O. Box Number is Not Acceptable)
9098 NW 117TH Terrace
City
Hialeah Gardens, FL Zip Code
33018

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] (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 | PD MORAN, VICENTE 331 SW 123 AVENUE MIAMI FL 33184 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MORAN, IRENE 331 SW 123 AVENUE MIAMI FL 33184 | <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 | PD Moran, Vicente 9098 NW 117 TH Terrace Hialeah Gardens, FL. 33018 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Serrano, Irene 9098 NW 117 TH Terrace Hialeah Gardens, FL. 33018 | <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 |

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] SIGNATURE REQUIRE Vicente Moran-PD 1/12/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)