

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P990000 43433**

1. Entity Name

FIFTY DUMPTRUCKS CORP.

FILED

02 JAN 22 PM 12:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

200004865682--9

-02/05/02--01016--017

******300.00 ****300.00**

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8991 N.W. 111 TERRACE

Suite, Apt. #, etc

3. Mailing Address
8991 N.W. 111 TERRACE

Suite, Apt. #, etc

City & State
HIALEAH GARDENS, FL

Zip
33018

Country
USA

City & State
HIALEAH GARDENS, FL

Zip
33018

Country
USA

4. F.I.I. Number
65-0920681

Applied For
Not Applicable

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

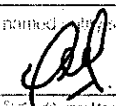
7. Name and Address of Current Registered Agent

MORAN, VICENTE

Street Address (P.O. Box Number is Not Applicable)
8991 N.W. 111 TERRACE

City
HIALEAH GARDENS, FL Zip
33018

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8. The above named  submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

VICENTE MORAN

1-4-02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See enclosure on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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-STATE-ZIP
**PD
MORAN, VICENTE
8991 NW 111 TERRACE
HIALEAH GARDENS, FL 33018**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VD
SERRANO, IRENE
8991 NW 111 TERRACE
HIALEAH GARDENS, FL 33018**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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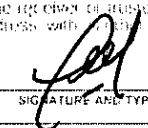
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

01-02 UBR

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officer or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 11 or on an attachment with an address with which I am like empowered.

SIGNATURE:

 **VICENTE MORAN - PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-525-7838

1-4-02

Registered Agent

CR2E034B (12/01)