FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043433

1. Entity Name
FIFTY DUMPTRUCKS CORP.

FILED
02 JAN 22 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

200004865682--9
-02/05/02--01016--017
****300.00 ****300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8991 N.W. 111 TERRACE	8991 N.W. 111 TERRACE
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: HIALEAH GARDENS, FL	City & State: HIALEAH GARDENS, FL
Zip: 33018 Country: USA	Zip: 33018 Country: USA

4. FEI Number: 65-0920681 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: MORAN, VICENTE
Street Address (P.O. Box Number is Not Acceptable): 8991 N.W. 111 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] VICENTE MORAN 1-4-02
Signature, typed or printed name of registered agent and title if applicable — DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See caution 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	PD	TITLE	
NAME	MORAN, VICENTE	NAME	
STREET ADDRESS	8991 NW 111 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	SERRANO, IRENE	NAME	
STREET ADDRESS	8991 NW 111 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE 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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] VICENTE MORAN - PRESIDENT 305-525-7838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-4-02 Daytime Phone #

CR2E034B (12/01)