

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90263 002 ***150.00

DOCUMENT # **P99000044446**

1. Entity Name

Supa Trucking, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

989 N.W. 161 Ave

3. Mailing Address

989 N.W. 161 Ave

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL.

City & State

Pembroke Pines, FL.

4. FEI Number

650920102

Applied For

Not Applicable

Zip

Country

33028

Broward.

Zip

Country

33028

Broward.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRACE ISAAC COX VP
989 N.W. 161 Ave
Pembroke Pines, FL. 33028

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	Cox, Rupert A.	
STREET ADDRESS	989 N.W. 161 Ave	
CITY-ST-ZIP	Pembroke Pines FL. 33028	
TITLE	VP. Vice President	<input type="checkbox"/> Delete
NAME	Cox, Grace I.	
STREET ADDRESS	989 NW. 161 Ave	
CITY-ST-ZIP	Pembroke Pines FL. 33028	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Cox, Grace I.	
STREET ADDRESS	989 NW. 161 Ave	
CITY-ST-ZIP	Pembroke Pines FL. 33028	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Cox, Grace I.	
STREET ADDRESS	989 NW. 161 Ave	
CITY-ST-ZIP	Pembroke Pines FL. 33028	
TITLE	Secretary Assistant	<input type="checkbox"/> Delete
NAME	Cox, Rupert	
STREET ADDRESS	989 NW. 161 Ave	
CITY-ST-ZIP	Pembroke Pines FL. 33028	
TITLE	Assistant Treasurer	<input type="checkbox"/> Delete
NAME	Cox, Rupert	
STREET ADDRESS	989 NW. 161 Ave	
CITY-ST-ZIP	Pembroke Pines FL. 33028	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **Grace Isaac Cox VP.**

4/30/01

(954) 430-8008

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)