FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

04-29-2005 90227 042 ***150.00
P99000048636

05 JUN 20 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14008159

DOCUMENT # P99000048836

1. Entity Name: J. R. TRUCKING SERVICES INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15981 S.W 139TH AVE	15981 S.W. 139TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI - FL	City & State: MIAMI - FL.
Zip: 33177 Country	Zip: 33177 Country

4. FEI Number: 65-0923184 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jorge L. Roque

Street Address (P.O. Box Number is Not Acceptable): 15981 SW 139th Ave.

City: Miami FL Zip Code: 33177

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria 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	D.P.
NAME	JORGE L. ROQUE
STREET ADDRESS	15981 S.W. 139TH AVE.
CITY-ST-ZIP	MIAMI - FL. 33177

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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: _____ 4/25/05 (786) 229-0712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #