

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000052159**  
 1. Entity Name  
**THUNDER TURTLE TRUCKING INC.**

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**  
 08-03-2000 90038 029 \*\*\*150.00

Principal Place of Business      Mailing Address  
**12984 SW 55 ST**      **12984 SW 55 ST**  
**MIAMI, FL 33175**      **MIAMI, FL 33175**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0925557**      Not Applicable  
 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  
**CARDENAS JUANA E**      Name  
**12984 SW 55 ST**      Street Address (P.O. Box Number is Not Acceptable)  
**MIAMI, FL 33175**      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      (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>CARDENAS, JUANA E.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>12984 SW 55 ST</b>		CITY-ST-ZIP		
	<b>MIAMI, FL 33175</b>				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** **Juana E. Cardenas**      **7/27/00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)

(attachment)  
(Doc# P99000052159)  
B 010420/

7/30/00

To whom it may concern, this letter is to inform you that I did not receive the 2000  
UNIFORM BUSINESS REPORT paper in the mail. So, I had to call and request the  
paperwork. This is the reason why I did not send in the papers on time.

Sincerely,

*Juana E. Cardenas*

Juana E. Cardenas

(attachment)  
(Doc# P99000052159)  
B0104201

JUANNA E  
12984 SW 55TH ST  
MIAMI, FL 33175

Request taken by: yfisher  
07-17-2000

The forms you recently requested ~~from this office are:~~

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314