

DOCUMENT # P99000054950

1. Entity Name

L.F. TRUCKING CORP.

Principal Place of Business

4640 S.W. 155TH PLACE  
MIAMI FL 33185

Mailing Address

4640 S.W. 155TH PLACE  
MIAMI FL 33185

2. Principal Place of Business

5224 W. 24<sup>TH</sup> WAY

3. Mailing Address

5224 W. 24<sup>TH</sup> WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

HIALEAH, FLORIDA

City &amp; State

HIALEAH, FLORIDA

Zip

33016

Country

U.S.A.

Zip

33016

Country

U.S.A.

4. FEI Number

65-0929811

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GUTIERREZ, GUILLERMO R  
4640 S.W. 155TH PLACE  
MIAMI FL 33185

7. Name and Address of New Registered Agent

Name

FUENTES, LUIS JR.

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

5224 WEST 24<sup>TH</sup> WAY

City

HIALEAH

FL

Zip Code

33016

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

Luis Fuentes

LUIS FUENTES JR. PRESIDENT 1-08-01

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 State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	FUENTES, LUIS JR	
STREET ADDRESS	4640 S.W. 155TH PLACE	
CITY-ST-ZIP	MIAMI FL 33185	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GUTIERREZ, GUILLERMO R	
STREET ADDRESS	4640 S.W. 155TH PLACE	
CITY-ST-ZIP	MIAMI FL 33185	

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

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:

Luis Fuentes

LUIS FUENTES JR. PS

Date

1-08-01

Daytime Phone #

(305) 9877540

CR2E034 (10/00)