

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061362

1. Entity Name

DAMAR TRUCKING, INC.

Principal Place of Business

12552 NW 11TH LANE
MIAMI FL 33182

Mailing Address

12552 NW 11TH LANE
MIAMI FL 33182-2476

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

65-0932181

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, JOEL E
C/O JOEL E. JACOBSON, LLC.
3300 UNIVERSITY DR., STE. 504
CORAL SPRINGS FL 33065-4131

7. Name and Address of New Registered Agent

Name Dana Gonzalez
Street Address (P.O. Box Number is Not Acceptable)
12552 NW 11 Ln

City Miami FL Zip Code 33182

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

Omar Govin

02-14-00

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, 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

TITLE D ☒ Delete
NAME JACOBSON, JOEL E
STREET ADDRESS 3300 UNIVERSITY DR., STE. 504
CITY-ST-ZIP CORAL SPRINGS FL 33065-4131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Secretary - Director ☒ Change ☐ Addition
NAME Dana Gonzalez
STREET ADDRESS 12552 NW 11 Ln
CITY-ST-ZIP Miami, FL 33182

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Omar Govin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

Date

(305) 968-5916

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
May 02, 2000 8:00 am
Secretary of State

02-20-2000 90056 030 ***158.75