## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## DOCUMENT #

P99000064993

1. Entity Name

GMA TRUCKING, INC.



Dringing Diagn of Dunings

Mailing Astrona

3522 WEST 71ST TERRACE 3522		3522 WEST 71ST TERRAC MIAMI FL 33018	E			
2. Principal Place of Business 3. Ma		3. Mailing Address				
Suite, Apt. #, etc. Sui		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State Cit		City & State	· · ·	4. FEI Number 65-0939300	Applied For Not Applicable	
Zip	Country	Zip	Country		8.75 Additional e Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
	The second secon	engar ninga bara	Name			
	ERNANDO S 171ST TERRACE		Street Address	t Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33018						
			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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 11	
NAME STREET ADDRESS	D ARMAS, FERNANDO S 3522 WEST 71ST TERRACE MIAMI FL 33018	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Đelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
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12. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

JRE REQUIRED

☐ Delete

☐ Change

☐ Addition

Apr 11, 2003 8:00 am & Secretary of State

**FILED** 

04-11-2003 90202 028 \*\*\*150.00