

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066552

1. Entity Name

B-MO TRUCKING, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90043 034 ***150.00

Principal Place of Business

314 N.W. 47TH STREET
 POMPAÑO BEACH FL 33064

Mailing Address

314 N.W. 47TH STREET
 POMPAÑO BEACH FL 34983-8634

2. Principal Place of Business

561 NW Argosy Ave

3. Mailing Address

561 NW Argosy Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

4. FEI Number

65-0736689

Applied For

Not Applicable

Zip

34983

Country

St. Lucie

Zip

34983

Country

St. Lucie

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RIVERA, BIENVENIDO
 314 N.W. 47TH STREET
 POMPAÑO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

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

561 NW Argosy Ave

City

Port St. Lucie

FL

Zip Code

34983

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

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 PD ☐ Delete
 NAME RIVERA, BIENVENIDO
 STREET ADDRESS 314 N.W. 47TH STREET
 CITY-ST-ZIP POMPAÑO BEACH FL 33064

TITLE VDST ☐ Delete
 NAME RIVERA, MONICA
 STREET ADDRESS 314 N.W. 47TH STREET
 CITY-ST-ZIP POMPAÑO BEACH FL 33064

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 561 NW Argosy Ave.
 CITY-ST-ZIP Port St. Lucie, FL 34983

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 561 NW Argosy Ave.
 CITY-ST-ZIP Port St. Lucie, FL 34983

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

BIENVENIDO RIVERA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-99

Date

561-873-9448

Daytime Phone #

CR2E034 (9/99)