

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90499 046 \*\*\*150.00

**DOCUMENT # P99000066965**

**1. Entity Name**  
**MAINLAND TRUCKING CORPORATION**



**Principal Place of Business**  
**8016 N.W. 68 ST**  
**MIAMI FL 33166**

**Mailing Address**  
**PO BOX 22921**  
**HIALEAH FL 33002**



**2. Principal Place of Business**

**930 E Hialeah Dr**

**3. Mailing Address**

**930 E Hialeah Dr**

Suite, Apt. #, etc.

**Suite 12**

Suite, Apt. #, etc.

**Suite 12**

City & State

**Hialeah**

City & State

**Hialeah**

Zip

**FI**

Country

**33010**

Zip

**FI**

Country

**33010**

☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number 65-0938230**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MARTINEZ, BARBARA A**  
**8016 N.W. 68 ST**  
**MIAMI FL 33166**

**7. Name and Address of New Registered Agent**

**Name** **MARTINEZ, BARBARA A.**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**930 E Hialeah Dr Ste 12**  
**City** **Hialeah** **FL** **Zip Code** **33010**

**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** *Barbara A. Martinez*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/16/03**

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:** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **PS** ☐ Delete  
**NAME** **MARTINEZ, BARBARO A**  
**STREET ADDRESS** **8016 NW 68 STREET**  
**CITY-ST-ZIP** **MIAMI FL 33166**

**TITLE** ☐ Delete  
**NAME** **1**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

**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 or 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 with an address, with all other like empowered.**

**SIGNATURE:** *Barbara A. Martinez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/16/03**  
Date

**305-693-7642**  
Daytime Phone #

CR2E034 (10/02)