

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90146 047 \*\*\*150.00

**DOCUMENT # P99000079588**

1. Entity Name  
**MIRTHA TRUCKING CORP.**

|   |  |
|---|--|
| Principal Place of Business<br>1005 W 77 STREET, #108<br>HIALEAH FL 33014 | Mailing Address<br>1005 W 77 STREET, #108<br>HIALEAH FL 33014-3953 |
|---|--|

|  |                                   |
|--|-----------------------------------|
| 2. Principal Place of Business<br><i>2775 West rd street</i> | 3. Mailing Address<br><i>SAME</i> |
| Suite, Apt. #, etc.<br><i>206</i>                            | Suite, Apt. #, etc.               |

|                                    |              |                                    |   |  |
|------------------------------------|--------------|------------------------------------|---|--|
| City & State<br><i>Hialeah, FL</i> | City & State | 4. FEI Number<br><i>65-0947142</i> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
|------------------------------------|--------------|------------------------------------|---|--|

|                     |                       |     |         |  |                                       |
|---------------------|-----------------------|-----|---------|--|---------------------------------------|
| Zip<br><i>33016</i> | Country<br><i>USA</i> | Zip | Country | 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---------------------|-----------------------|-----|---------|--|---------------------------------------|



DO NOT WRITE IN THIS SPACE

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>SALGADO, MIRTHA<br/>% MIRTHA TRUCKING CORP.<br/>1005 W. 77 STREET<br/>HIALEAH FL 33014</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.

SIGNATURE *Mirtha Salgado*  
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.<br>(See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br>After MAY 1, 2000 Fee will be \$550.00<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SALGADO, MIRTHA<br>1005 W 77 STREET, #108<br>HIALEAH FL 33014 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>PEREZ, PEDRO<br>1005 W 77 STREET, #108<br>HIALEAH FL 33014 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Mirtha Salgado*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: *2/28/00* Daytime Phone #: *786-367-9784*

CR2E034 (9/99)