

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90034 009 ***150.00

DOCUMENT # P99000081908

1. Entity Name

TRUE TRUCKING CORP.

Principal Place of Business

700 W. 17TH STREET. #5
HIALEAH FL 33010

Mailing Address

700 W. 17TH STREET. #5
HIALEAH FL 33010

2. Principal Place of Business

700 W 16 street

Suite, Apt. #, etc.

5

City & State

Hialeah FL

Zip

33010

Country

USA

3. Mailing Address

700 W 16 street

Suite, Apt. #, etc.

5

City & State

Hialeah FL

Zip

33010

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0948216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VASQUEZ, ELAINE
60 EAST 3RD STREET #303
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name

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

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.

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, 2001 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 PVST ☐ Delete
NAME VAZQUEZ, RICARDO
STREET ADDRESS 700 W. 17TH STREET, #5
CITY-ST-ZIP HIALEAH FL 33010

TITLE D ☐ Delete
NAME VAZQUEZ, RICARDO
STREET ADDRESS 700 W. 17TH STREET, #5
CITY-ST-ZIP HIALEAH FL 33010

TITLE T ☐ Delete
NAME VASQUEZ, ELAINE
STREET ADDRESS 60 EAST 3RD STREET #303
CITY-ST-ZIP HIALEAH FL 33010

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 *note: correct address is*
STREET ADDRESS 700 W 16 St. #5
CITY-ST-ZIP Hialeah FL 33010

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

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

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

786-246-5122

Daytime Phone #

CR2E034 (10/00)