

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90348 027 ***150.00

DOCUMENT # P99000088914

1. Entity Name
KELLIMAX TRUCKING, INC.

Principal Place of Business
16051 NE 5TH AVE.
N. MIAMI BCH FL 33162

Mailing Address
16051 NE 5TH AVE.
N. MIAMI BCH FL 33162



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16051 NE 5TH AVE
 Suite, Apt. #, etc.
House

3. Mailing Address
16051 NE 5TH AVE
 Suite, Apt. #, etc.
House

City & State
Miami Florida
 Zip
33162
 Country
DADE

City & State
Miami Florida
 Zip
33162
 Country
DADE

4. FEI Number **65-0952636** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KELLY, CHARLES L
16051 NE 5TH AVE.
N. MIAMI BCH FL 33162

7. Name and Address of New Registered Agent

Name
SAME
 Street Address (P.O. Box Number is Not Acceptable)
N/A
 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 **N/A**
 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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KELLY, CHARLES	16051 NE 5TH AVE	NORTH MIAMI BEACH FL 33162	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	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)(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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-002 786-236-1143
 Date Daytime Phone #

CR2E034 (9/01)