2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092671

1. Entity Name

L.C.R.A. TRUCKING, INC.

FILED

00 JUN 12 PM 1:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
843 SEMORAN PARK DR WINTER PARK FL	~~843 SEMORAN PARK DR~~ ~~WINTER PARK FL 32792-2027~~

2. Principal Place of Business	3. Mailing Address
1911 Silverleaf Ln # 101	
Suite, Apt. #, etc.: Orlando, FL. 32822	Suite, Apt. #, etc.
City & State: Florida.	City & State
Zip: 32822 Country: USA	Zip Country

6-2-2000-90005-047-158-7

4. FEI Number: 59-3605499 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROJAS, LUIS C 843 SEMORAN PARK DR WINTER PARK FL	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 ____________ 03-17-00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D NAME: ROJAS, LUIS C STREET ADDRESS: 843 SEMORAN PARK DR CITY-ST-ZIP: WINTER PARK FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: D NAME: ROJAS, LUIS C. STREET ADDRESS: 1911 Silverleaf Ln. # 101 CITY-ST-ZIP: Orlando, FL. 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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 03-17-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #