

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

0502609

05-29-2001 90003 044 \*\*\*550.00

**DOCUMENT # P99000094786**

1. Entity Name

**3 BROTHERS TRUCKING INC.**

Principal Place of Business

Mailing Address

PO BOX 651083  
MIAMI FL 33265PO BOX 651083  
MIAMI FL 33265**660457**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**12961 SW 79st**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Miami, FL 33183**

City &amp; State

4. FEI Number

**31-1627713**

Applied For

Not Applicable

Zip

**33183**

Country

**DADE**

Zip

Country

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

6. Name and Address of Current Registered Agent

**DIAZ, JORGE  
3601 SW 109 AVE  
MIAMI FL 33165**

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.

(NOT

Registered Agent's 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DIAZ, JORGE</b>	
STREET ADDRESS	<b>3601 SW 109 AVE</b>	
CITY-STATE-ZIP	<b>MIAMI FL 33165</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DIAZ, ADA</b>	
STREET ADDRESS	<b>3601 SW 109 AVE</b>	
CITY-STATE-ZIP	<b>MIAMI FL 33165</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DIAZ, ARIEL</b>	
STREET ADDRESS	<b>3601 SW 109 AVE</b>	
CITY-STATE-ZIP	<b>MIAMI FL 33165</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-STATE-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/24/01****305-986-6980**

CR2E034 (10/00)