

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097183

1. Entity Name

D M ROSS TRUCKING, INC.

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90038 033 ***158.75

Principal Place of Business

Mailing Address

5319 N. DIXIE HIGHWAY
FT. LAUDERDALE FL 33334

5319 N. DIXIE HIGHWAY
FT. LAUDERDALE FL 33334-3403

2. Principal Place of Business

10700 NW 30 PL

3. Mailing Address

10700 NW 30 PL

Suite, Apt. #, etc.

UNIT # 5

Suite, Apt. #, etc.

UNIT # 5

City & State

SUNRISE, FL

City & State

SUNRISE, FL

4. FEI Number

650959763

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

MAILLOT ROSS, MARCIA
5319 N. DIXIE HIGHWAY
FT. LAUDERDALE FL 33334

Name

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

10700 NW 30 PL UNIT # 5

City

SUNRISE

FL

Zip Code

33322

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)

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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 PD
NAME MAILLOT, MARCIA
STREET ADDRESS 5319 N. DIXIE HIGHWAY
CITY-ST-ZIP FT. LAUDERDALE FL 33334

☐ Delete

TITLE
NAME
STREET ADDRESS 10700 NW 30 PL UNIT # 5
CITY-ST-ZIP SUNRISE, FL 33322

☒ Change ☐ Addition

TITLE VPD
NAME ROSS, DARREN M
STREET ADDRESS 5319 N. DIXIE HIGHWAY
CITY-ST-ZIP FT. LAUDERDALE FL 33334

☐ Delete

TITLE
NAME
STREET ADDRESS 10700 NW 30 PL UNIT # 5
CITY-ST-ZIP SUNRISE, FL 33322

☒ Change ☐ Addition

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Marcia Maillot Ross PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/00 (954) 572-5382
Date Daytime Phone #

CR2E034 (9/99)