

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000099130**  
1. Entity Name **CHINO'S TRUCK SERVICE INC**

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90062 007 \*\*\*150.00

Principal Place of Business **5680 NW. 32 Ave.**  
Mailing Address **Miami FL 33142**

2. Principal Place of Business **5680 NW. 32 Ave.**  
Suite, Apt. #, etc.  
3. Mailing Address **589 Minola Dr.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Miami**  
Zip **33142** Country **USA**  
City & State **M. Springs**  
Zip **33166** Country **USA**

4. FEI Number **65-0989705**  
Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**Blanco, Maria Alina**  
**589 Minola Dr.**  
**Miami Springs FL 33166**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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  
TITLE ☐ Delete  
NAME **D/P**  
STREET ADDRESS **Blanco Maria A**  
CITY-ST-ZIP **589 Minola Dr. FL 33166**  
TITLE ☐ Delete  
NAME **D/ST**  
STREET ADDRESS **Blanco Maria**  
CITY-ST-ZIP **589 Minola Dr.**  
TITLE ☐ Delete  
NAME **Miami Springs FL**  
STREET ADDRESS **33166**  
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  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
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]** **4/30/00** **305 63395**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)