

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91757 025 \*\*\*150.00  
 09-16-2002 90101 026 \*\*\*400.00

**DOCUMENT # P99000099626**

**1. Entity Name**  
**EMPIRE TRUCKING CORP.**

**Principal Place of Business**  
 11315 NW 59TH AVENUE  
 HIALEAH FL 33012

**Mailing Address**  
 210 W 68TH ST  
 STE 201  
 HIALEAH FL 33014

**2. Principal Place of Business**  
 5572 NW 170st  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 5572 NW 170st  
 Suite, Apt. #, etc.

**State**  
 Fla-locks, FL

**City & State**  
 opa-locks, FL

**4. FEI Number** APPLIED FOR  **Applied For**  
 **Not Applicable**

**Zip** 33065 **Country** Dade

**Zip** 33065 **Country** Dade

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

**6. Name and Address of Current Registered Agent**  
 GUTIERREZ, WILLIAM  
 210 W 68 ST 201  
 HIALEAH FL 33014

**7. Name and Address of New Registered Agent**  
 Name: Rosa Gonzalez  
 Street Address (P.O. Box Number is Not Acceptable): 4390 W. 12th Ave Ste 10A  
 City: Hialeah FL Zip Code: 33065

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** Rosa Gonzalez (Rosa Gonzalez) 9/10/02  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	D <input type="checkbox"/> Delete
NAME	GUTIERREZ, WILLIAM
STREET ADDRESS	11315 NW 59TH AVENUE
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** W. Gutierrez **SIGNATURE REQUIRED** 9/31/02 (305) 627-0920  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (4/02)