

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102774

1. Entity Name

PIPO TRUCKING, INC.

FILED

Apr 25, 2000 8:00 am  
Secretary of State

04-25-2000 90065 048 \*\*\*150.00

Principal Place of Business

Mailing Address

14921 SW 80TH ST., #106  
MIAMI FL 33193

14921 SW 80TH ST., #106  
MIAMI FL 33193

2. Principal Place of Business

3. Mailing Address

11991 SW 7 ST  
Suite, Apt. #, etc.

11991 SW 7 ST  
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0966623

Applied For

Not Applicable

Zip

Country

33184 USA

Zip

Country

33184 USA

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

MARTINEZ, OSVALDO

14921 SW 80TH ST., #106  
MIAMI FL 33193

Name

ANA P. MARTINEZ

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

11991 SW 7 ST

City

Miami

FL

Zip Code

33184

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) ☐

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 P ☐ Delete  
NAME MARTINEZ, OSVALDO  
STREET ADDRESS 14921 SW 80TH ST., #106  
CITY-ST-ZIP MIAMI FL 33193

TITLE V ☐ Delete  
NAME ESPINOSA, LAZARO  
STREET ADDRESS 14921 SW 80TH ST., #106  
CITY-ST-ZIP MIAMI FL 33193

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME ANA P. MARTINEZ  
STREET ADDRESS 11991 SW 7 ST  
CITY-ST-ZIP MIAMI, FL 33184

TITLE ☒ Change ☐ Addition  
NAME OSVALDO MARTINEZ  
STREET ADDRESS 11991 SW 7 ST  
CITY-ST-ZIP MIAMI, FL 33184

TITLE ☒ Change ☐ Addition  
NAME LAZARO ESPINOSA  
STREET ADDRESS 11991 SW 7 ST  
CITY-ST-ZIP MIAMI, FL 33184

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 385-0150