

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # p.99000104064

1. Entity Name

Nationwide Trucking Services Inc.

Principal Place of Business

Mailing Address

6121 SW 17 ST  
MIAMI FL 33155

Same

2. Principal Place of Business

3. Mailing Address

6121 SW 17 ST

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33155

4. FEI Number

6509 69001

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

Alejandro S. Cruz

6121 SW 17 ST

MIAMI, FL 33155

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.

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE pd ☐ Delete  
NAME Alejandro S. Cruz FL  
STREET ADDRESS 6121 SW 17 ST MIAM 33155  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 300004195093--9  
STREET ADDRESS -05/11/01--01019--027  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE MD ☐ Delete  
NAME Myriam S. Cruz  
STREET ADDRESS 6121 SW 17 ST MIAMI FL 33155  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME LS  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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:

Myriam Cruz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/20/2001 Daytime Phone #

**FILED**

**01 MAY -1 AM 10:14**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE