

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P.99 000104064

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

6121 SW 17 ST

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip 33155

Country

Zip

Country

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

Alejandro S. Cruz

6121 SW 17 ST
MIAMI, FL 33155

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

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
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Alejandro S. Cruz FL
6121 SW 17 ST MIAMI 33155

Delete

300004195093-9
-05/11/01--01019--027
****150.00 ****150.00

Change Addition

TITLE VD
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Myriam S. Cruz
6121 SW 17 ST MIAMI FL 33155

Delete

LS

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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.

FILED

01 MAY - 1 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

SIGNATURE:

Myriam CR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/20/2011 Daytime Phone #