

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90097 037 \*\*\*150.00

**DOCUMENT # P99000107531**

1. Entity Name

**LIL BLUE'S TRUCKING, INC.**

Principal Place of Business

Mailing Address

**2451 SW 80TH TERR.  
MIRAMAR FL 33025**

**2451 SW 80TH TERR.  
MIRAMAR FL 33025**

**820364**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**PO Box 1694951**

3. Mailing Address

**PO Box 1694951**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami FL**

City & State

**Miami FL**

4. FEI Number

**65-0970203**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

Zip Country

**33209 FL**

Zip

**33209**

Country

**FL**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NASHID, TALIB  
2451 SW 80TH TERR.  
MIRAMAR FL 33025**

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

*Talib Nashid*

**03-06-00**

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 ☐ Delete  
NAME **PD**  
STREET ADDRESS **NASHID, TALIB**  
CITY-ST-ZIP **2451 SW 80TH TERR.  
MIRAMAR FL 33025**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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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:

*Talib Nashid*

**03-06-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954-450-9226**

CR25F034 (9/99)