

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90058 004 ***150.00

DOCUMENT # P99000108942

1. Entity Name

DES TRUCKING CORPORATION

Principal Place of Business

**503 SOUTHERN CHARM
 ORLANDO FL 32807**

Mailing Address

**503 SOUTHERN CHARM
 ORLANDO FL 32807**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3615210

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

RIVERA, EVELYN

C/O ACCOUNTING CENTER

100 S SEMOLON BLV D STE B

ORLANDO FL 32807

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

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **SANTANA, DORCA E**
 STREET ADDRESS **503 SOUTH CHARM DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32839**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

DO NOT SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

873197

#P99 0001 08942

DES TRUCKING CORPORATION
503 Southern Charm
Orlando, Florida 32807

September 13, 2002

Department of State
Division of Corporations
Uniform Business Report Filings
Tallahassee, Florida 32302-1500

Gentlemen:

Enclosed please find check for \$150.00 dollars payable to the Department of State for the Uniform Business Report (UBR) for 2002.

Unfortunately, I never received at my address a first notice; therefore I am respectfully, requesting from you to waive the fee of \$550.00 dollars.

Hoping that you kindly agree to my request, I remain

Respectfully,

Dorca E. Santana

Dorca E. Santana

Enclosure(1)