

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90084 016 ***150.00

DOCUMENT # S96526

1. Entity Name

2-J TRUCK SALE & REPAIR, INC.

Principal Place of Business

Mailing Address

**4030 E BROADWAY AVENUE
TAMPA FL 33605
US**

**4030 EAST BROADWAY AVENUE
TAMPA FL 33605
US**

2. Principal Place of Business

4030 E 7TH AVE

Suite, Apt. #, etc.

3. Mailing Address

4030 E 7TH AVE

Suite, Apt. #, etc.

City & State

TAMPA. FL

City & State

TAMPA. FL

Zip

33605

Country

Hills

Zip

33605

Country

Hills

4. FEI Number

59-3109909

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

**RODRIGUEZ, CARMEN
11018 N. DALE MABRY
TAMPA FL 33618-4997**

Name

RODRIGUEZ, CARMEN

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

4030 E. 7TH AVE

City

TAMPA

FL

Zip Code

33605

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-30-01

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 ☐ Delete
NAME **PTD DOMINGUEZ, JAIME**
STREET ADDRESS **9708 SHALIMAR COURT**
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☐ Delete
NAME **VSD DOMINGUEZ, CARMEN**
STREET ADDRESS **9708 SHALIMAR COURT**
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)