

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90055 013 \*\*\*160.00

**DOCUMENT # P01000016066**

1. Entity Name  
**SONIC EXPRESS ENTERTAINMENT, INC.**

Principal Place of Business  
**16950 NORTHWEST 42ND AVENUE  
MIAMI FL 33055**

Mailing Address  
**16950 NORTHWEST 42ND AVENUE  
MIAMI FL 33055**

2. Principal Place of Business  
**18520 N.W 67th Avenue  
Suite, Apt. #, etc. 124**

3. Mailing Address  
**18520 N.W 67th Avenue  
Suite, Apt. #, etc. 124**

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number  
**65-1077162**

Applied For  
☐ Not Applicable

Zip Country  
**33015 United States**

Zip Country  
**33015 United States**

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

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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, 2002 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

TITLE **PTD** ☐ Delete  
NAME **JACKSON, DONALD II**  
STREET ADDRESS **16950 NORTHWEST 42ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **SD** ☐ Delete  
NAME **JACKSON, ANDREA L**  
STREET ADDRESS **16950 NORTHWEST 42ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **D** ☐ Delete  
NAME **JACKSON, DERRICK C**  
STREET ADDRESS **16950 NORTHWEST 42ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33055**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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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:

**SIGNATURE REQUIRED** **Donald Jackson II**

4-26-02

(305) 733-4374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)