

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91148 018 \*\*\*150.00

DOCUMENT # P01000106758

1. Entity Name  
SOUTHEAST TRAILERS INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
7280 SW 110 TERRACE  
Suite, Apt. #, etc.

3. Mailing Address  
7280 SW 110 TERRACE  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PINECREST FL

City & State  
PINECREST FL

4. FEI Number  
80-0007032

Applied For  
Not Applicable

Zip  
33156

Country  
USA

Zip  
33156

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name TIMOTHY P. STICKNEY

Street Address (P.O. Box Number is Not Acceptable)  
104 CRANDON BLVD SUITE 309

City Key Biscayne

**FL**

Zip Code  
33149

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 4/29/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.D.T.S. 8  
MARIO SUAREZ  
7280 SW 110 TERRACE  
PINECREST, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V.P.D.  
MIRIAM SUAREZ  
7280 SW 110 TERRACE  
PINECREST, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mario Suarez President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 (305) 667-3161  
Date Daytime Phone #

CR2E034B (12/01)