

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91901 039 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000120070			
1. Entity Name SOUTHEAST LUBE EXPRESS II, INC.			
Principal Place of Business 901 PONCE DE LEON BLVD STE 601 CORAL GABLES, FL 33134		Mailing Address 901 PONCE DE LEON BLVD STE 601 CORAL GABLES, FL 33134	
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 26-0007313		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
SEGREDO, FRANK J ESQ 901 PONCE DE LEON BLVD STE 601 CORAL GABLES, FL 33134			
7. Name and Address of New Registered Agent			
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when relocating)			
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
D SEGREDO, FRANK J ESQ 901 PONCE DE LEON BLVD STE 601 CORAL GABLES, FL 33134			
D GALCERAN, GILBERTO A JR 901 PONCE DE LEON BLVD STE 601 CORAL GABLES, FL 33134			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.			
SIGNATURE: _____		Gilberto GALCERAN President 407 6777889 4/30/07	
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER, DIRECTOR OR DIRECTOR		Date Daytime Phone #	

80112312



☐ CHECK HERE IF MAKING CHANGES

CR2EC04 (10/02)