

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019245

1. Entity Name

SOUTH EASTERN XPRESS, INC.

Principal Place of Business

Mailing Address

528 SE 4TH ST.
HIALEAH FL 33010

528 SE 4TH ST.
HIALEAH FL 33010

2. Principal Place of Business

12350 SW 132ND CT

3. Mailing Address

12350 SW 132ND CT

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

Miami Florida

City & State

Miami Florida

Zip

33184

USA

Zip

33184

USA

6. Name and Address of Current Registered Agent

POMPA, JORGE
16601 S.W. 146TH COURT
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name

JORGE POMPA

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

12350 SW 132ND CT

Suite 201

City

Miami

FL

Zip Code

33184

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 re-statuting)

DATE

4/27/01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
POMPA, JORGE
16601 S.W. 146TH COURT
MIAMI FL 33177

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
POMPA, ROBERT
581 S.W. 4TH STREET
HIALEAH FL 33010

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
POMPA, JUANA
581 S.W. 4TH STREET
HIALEAH FL 33010

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Jorge Pompa
12350 S.W. 132ND CT. Suite 201
Miami FL 33184

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Pompa

4/27/01

Date

(305) 253-6603

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90169 017 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)