

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90022 045 ***150.00

DOCUMENT # P94000020992

1. Entity Name

SOUTHEASTERN CARGO SERVICES, INC.

Principal Place of Business

11800 NW 102 RD

1

MEDLEY FL 33178

Mailing Address

11800 NW 102 RD

1

MEDLEY FL 33178

2. Principal Place of Business

888.S Andrews Avenue

3. Mailing Address

888.S Andrews Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste # 301

Ste# 301

City & State

Fort Lauderdale Florida

City & State

Fort Lauderdale Florida

Zip

33316-1047-

Country

U.S.A.

Zip

33316 - 1047

Country

U.S.A.

4. FEI Number

65-0478353

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

BOREN, BARRY M.

9200 S. DADELAND BLVD

DADELAND TOWERS SUITE 412

MIAMI FL 33156

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **TOMINELLI, JOHN**
 STREET ADDRESS **11800 NW 102 RD #1**
 CITY-ST-ZIP **MEDLEY FL 33178**

TITLE ☒ Change ☐ Addition
 NAME **TOMINELLI JOHN**
 STREET ADDRESS **888 S ANDREWS AVE .SUITE #301**
 CITY-ST-ZIP **FT LAUDERDALE FLORIDA 33316-1047**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)