

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000035305**

1. Entity Name

SOUTHEAST TOOLS, INC.**FILED****Jan 23, 2001 8:00 am**
Secretary of State

01-23-2001 90104 025 ***150.00

Principal Place of Business

**7909 NW 56 ST
MIAMI FL 33166
US**

Mailing Address

**7909 NW 56 STREET
MIAMI FL 33166
US****00000160**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

13424 SW 89 TERR

Suite, Apt. #, etc.

13424 SW 89 TERR

City & State

MIAMI, FL

City & State

MIAMI, FL4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA5. 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

**PANTOJA, EMIL
7909 NW 56 STREET
MIAMI FL 33166**

Name

PANTOJA, EMIL

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

13424 SW 89 TERR

City

MIAMI**FL**

Zip Code

33186

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PANTOJA, EMIL	
STREET ADDRESS	7909 NW 56 STREET	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Emil Pantoja***1-10-00**

Date

(305) 380 8830

Daytime Phone #

CR2E034 (10/00)