

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072110

1. Entity Name

S & E TRUCKING COMPANY

Principal Place of Business

11422 S.W. 3RD STREET
MIAMI FL 33174

Mailing Address

11422 S.W. 3RD STREET
MIAMI FL 33174-1039

2. Principal Place of Business

8260 W. FLAGLER ST.

3. Mailing Address

8260 W. FLAGLER ST.

Suite, Apt. #, etc.

Suite 1E

Suite, Apt. #, etc.

Suite 1E

City & State

MIAMI, FLA.

City & State

MIAMI, FL.

Zip

33134

Country

USA

Zip

33134

Country

USA.

6. Name and Address of Current Registered Agent

MELENDEZ, SANDRA
11422 S.W. 3RD STREET
MIAMI FL 33174

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.

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	MELENDEZ, STRAVROULA	
STREET ADDRESS	10011 S.W. 4TH STREET	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	T	<input type="checkbox"/> Delete
NAME	MELENDEZ, SANDRA	
STREET ADDRESS	11422 S.W. 3RD STREET	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Stravroula Melendez STRAVROULA MELENDEZ

02/24/00

(305) 226-3305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90066 010 ***158.75

00000401



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0615740 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required