

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**  
 05-11-2000 90320 035 \*\*\*168.75

**DOCUMENT # P95000050088**

1. Entity Name  
**SOUTHEAST MOTORS, INC.**

Principal Place of Business      Mailing Address  
 7504 WILES ROAD      7504 WILES ROAD  
 #101      #101  
 CORAL SPRINGS FL 33406      CORAL SPRINGS FL 33067-2031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
*3520 South Military Trail*      *3520 South Military Trail*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number      Applied For  
*Lake Worth, FL*      *Lake Worth, FL*      **65-0590724**      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
*33463*      *FLA Beach*      *33463*      *FLA Beach*      ☒      ☐

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**METAXA, LINDA J**  
**2011 NE 59TH COURT**  
**FORT LAUDERDALE FL 33308**  
 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 |                |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                |  |
|----------------------------|----------------|--|---|----------------|--|
| TITLE                      | NAME           | <input type="checkbox"/> Delete            | TITLE   | NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             | STREET ADDRESS |  | STREET ADDRESS  | STREET ADDRESS |  |
| CITY-ST-ZIP                | CITY-ST-ZIP    |  | CITY-ST-ZIP   | CITY-ST-ZIP    |  |
| TITLE                      | NAME           | <input checked="" type="checkbox"/> Delete | TITLE   | NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             | STREET ADDRESS |  | STREET ADDRESS  | STREET ADDRESS |  |
| CITY-ST-ZIP                | CITY-ST-ZIP    |  | CITY-ST-ZIP   | CITY-ST-ZIP    |  |
| TITLE                      | NAME           | <input type="checkbox"/> Delete            | TITLE   | NAME           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | STREET ADDRESS |  | STREET ADDRESS  | STREET ADDRESS |  |
| CITY-ST-ZIP                | CITY-ST-ZIP    |  | CITY-ST-ZIP   | CITY-ST-ZIP    |  |
| TITLE                      | NAME           | <input type="checkbox"/> Delete            | TITLE   | NAME           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS             | STREET ADDRESS |  | STREET ADDRESS  | STREET ADDRESS |  |
| CITY-ST-ZIP                | CITY-ST-ZIP    |  | CITY-ST-ZIP   | CITY-ST-ZIP    |  |
| TITLE                      | NAME           | <input type="checkbox"/> Delete            | TITLE   | NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             | STREET ADDRESS |  | STREET ADDRESS  | STREET ADDRESS |  |
| CITY-ST-ZIP                | CITY-ST-ZIP    |  | CITY-ST-ZIP   | 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]*      **SIGNATURE REQUIRED**      *4/26/00*      *561-641-9900*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)