

2000 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # P96000080565

1. Entity Name

SOUTHERN PEARL EXPRESS, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

6405 NW 36TH ST., SUITE #208
MIAMI FL 33166

Mailing Address

6405 NW 36TH ST., SUITE #208
MIAMI FL 33166-6960

2. Principal Place of Business

3. Mailing Address

P.O. Box 770786

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

4. FEI Number

65-0717235

Applied For

Not Applicable

Zip

Country

Zip

Country

33177

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

AGUIAR, ISELA
6405 NW 36TH STREET
MIAMI FL 33166

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 ☐ Delete
NAME **P**
STREET ADDRESS **AGUIAR, SAHIDY**
CITY-ST-ZIP **6405 NW 36 STREET #208**
MIAMI FL 33166

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

305-971-5101

Daytime Phone #

20f2

SOUTHERN PEARL EXPRESS, INC.

P.O. BOX 770786

MIAMI, FL 33177

PHONE 305-971-5101 * FAX 305-971-5102

September 26, 2000

Division of Corporations

409-East Gaine Street

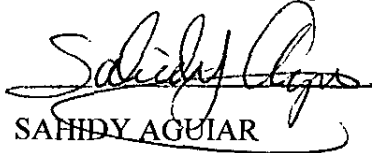
Tallahassee, FL 32399

To Whom It May Concern:

On April 28, 2000 check number 13994 for \$150.00 for sent for the second time to Division of Corporations. He are re-issuing a replacement check #0748 for \$150.00 to Division of Corporations to pay for the 2000 Annual Report.

Again if this has cause any inconvenience please accept our sincerely apology.

Thank you for your cooperation,



SANDY AGUIAR

President