

# 2600 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101711

1. Entity Name

SOUTH POINT EXPRESS, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90178 017 \*\*\*150.00

Principal Place of Business

Mailing Address

7906 WEST 29TH LANE #101  
HIALEAH FL 33018

7906 WEST 29TH LANE #101  
HIALEAH FL 33018-5153

2. Principal Place of Business

17933 SW 35 ct

3. Mailing Address

P.O. Box 127441

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miramar, FL

City & State

Hialeah, FL

4. FEI Number

65-0883126

Applied For

Not Applicable

Zip

33129

Country

USA

Zip

33012-1624

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, LUIS A  
7906 WEST 29TH LANE #101  
HIALEAH FL 33018

7. Name and Address of New Registered Agent

Name

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

17933 SW 35 ct

City

Miramar

FL

Zip Code

33129

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 PSD  
NAME DIAZ, LUIS A  
STREET ADDRESS 7906 WEST 29TH LANE #101  
CITY-ST-ZIP HIALEAH FL 33018 ☐ Delete

TITLE VPD  
NAME DIAZ, SANDRA  
STREET ADDRESS 7906 WEST 29TH LANE #101  
CITY-ST-ZIP HIALEAH FL 33018 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 17933 SW 35 ct  
CITY-ST-ZIP Miramar, FL 33129 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 17933 SW 35 ct  
CITY-ST-ZIP Miramar, FL 33129 ☒ Change ☐ Addition

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Date

(305) 824-0196

Daytime Phone

CR2E034 (9/99)