

2000 UNIFORM BUSINESS REPORT (UBR)

1819

DOCUMENT # P99000020174

1. Entity Name
SOUTHERN EXPRESS TRUCKING INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT -9 PH 1:02

Principal Place of Business Mailing Address
2477 G ROAD 2477 G ROAD
LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470

2. Principal Place of Business 3. Mailing Address
14462 83 LANE NORTH 6701 MALLARDS COVE
Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE 0128100 90150 028 180

City & State City & State 4. FEI Number Applied For
ROYAL PALM BEACH, FL JUPITER, FL 65-0898665 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33412 P.B. Co. 33458 P.B. Co.

6. Name and Address of Current Registered Agent
CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent
Name: GILBERTO BOTANA
Street Address (P.O. Box Number is Not Acceptable)
14462 83 LANE NORTH
City: Royal Palm Beach FL Zip Code: 33412

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: *Gilberto Botana*
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. FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTANA, DILBERTO A	NAME	
STREET ADDRESS	2477 G ROAD	STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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: *Gilberto Botana* 7-28-00 (561)-746-0515
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR 2004 1507

Attachment #999000020174

July 28, 2000

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HERE IS MY COPY OF MY RECEIPT FOR \$150⁰⁰
AS I SENT IT IN JANUARY. I'M SORRY I DIDN'T
RECEIVE YOUR CORRESPONDENCE IN FEBRUARY
COULD YOU PLEASE SEE THAT THIS MATTER IS
TAKEN CARE OF. IF YOU HAVE ANY QUESTIONS
PLEASE GIVE ME A CALL AT (561) 746-0515.

THANK YOU.

J. H. B. B. B.