

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058591

1. Entity Name

SOUTHEAST R.T.S., INC.

Principal Place of Business

7104 N.W. 72ND AVENUE
MIAMI FL 33166

Mailing Address

7104 N.W. 72ND AVENUE
MIAMI FL 33166-2932

2. Principal Place of Business

7255 NW 68th St.

3. Mailing Address

7255 NW 68th St.

Suite, Apt. #, etc.

Unit 3

Suite, Apt. #, etc.

UNIT #3

City & State

Miami FL 33166

City & State

Miami Florida

Zip

33166

Country

USA

Zip

33166

Country

USA

6. Name and Address of Current Registered Agent

DEROSE, MATTHEW R
7104 N.W. 72ND AVENUE
MIAMI FL 33166

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 ☐ Delete
NAME DEROSE, MATTHEW R
STREET ADDRESS 7617 N.W. 182ND TERRACE
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ Delete
NAME DEROSE, MARK V
STREET ADDRESS 7617 N.W. 182ND TERRACE
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 5236 LAKE LOOP RD.
CITY-ST-ZIP COOPER CITY FL 33330

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 5236 LAKE LOOP RD.
CITY-ST-ZIP COOPER CITY FL 33330

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90001 002 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)