

2000 UNIFORM BUSINESS REPORT (UBR)

7/2

FILED
Aug 30, 2000 8:00 am
Secretary of State

07-24-2000 90010 001 ***150.00
 08-30-2000 90002 036 *****8.75

DOCUMENT # P99000071447

1. Entity Name

SOUTHEASTERN SURETY SERVICES, INC.

P

Principal Place of Business

1835 W. FLAGLER ST., SUITE #5
 MIAMI FL 33135

Mailing Address

1835 W. FLAGLER ST., SUITE #5
 MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0951868

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

RIVAS, SALVADOR
1835 W. FLAGLER ST., SUITE #5
MIAMI FL 33135

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 \$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

TITLE **PDS** ☐ Delete
 NAME **RIVAS, SALVADOR**
 STREET ADDRESS **1835 W. FLAGLER ST., SUITE #5**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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
 CITY-ST-ZIP

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

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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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10/2000 305-541-3600

CR2E034 (5/00)

P44000011447

B0104752

SOUTHEASTERN SURETY SERVICES INC.

General Agents

305-541-3800
Fax 305-541-0209
Toll Free 1-800-753-3814

1835 West Flagler Street
Suite 5
Miami, Florida 33135

SAL RIVAS, Ph.D.
President

Mailing Address:
P.O. Box 331632 • Miami, Florida 33133
E-mail: salrivas@gate.net

July 10, 2000

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

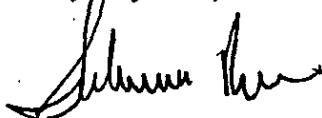
As a first year corporation I rely on the information I am mailed in order to comply with the filing requirements of both the State and Federal governments.

I did not receive the filing forms for the "Uniform Business Report".

I am filing this form with the regular fee and asking that the late charge of \$400.00 be waived, as I was not aware the corporation was required to file.

You can be assured I will file the reports on time in future years.

Very Truly Yours,



Salvador Rivas
President