

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90038 046 ***150.00

DOCUMENT # P99000100312

1. Entity Name

SOUTH EAST XPRESS INC.

Principal Place of Business

**5800 S.W. KROME AVE.
 MIAMI FL 33193**

Mailing Address

**5800 S.W. KROME AVE.
 MIAMI FL 33193**

2. Principal Place of Business

12350 SW. 132ND CT

3. Mailing Address

12350 SW. 132ND CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

Suite 201

City & State

City & State

MIAMI FLORIDA

MIAMI FLORIDA

Zip

Country

Zip

Country

33184

U.S.A.

33184

U.S.A.

6. Name and Address of Current Registered Agent

**POMPA, JORGE
 5800 S.W. KROME AVE.
 MIAMI FL 33193**

7. Name and Address of New Registered Agent

Name

Jorge Pompa

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

12350 SW. 132ND CT.

Suite 201

City

Miami

FL

Zip Code

33184

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

Jorge Pompa

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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, 2001 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 | PD | <input type="checkbox"/> Delete |
| NAME | POMPA, JORGE | |
| STREET ADDRESS | 5800 S.W. KROME AVE. | |
| CITY-ST-ZIP | MIAMI FL 33193 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | POMPA, JORGE | |
| STREET ADDRESS | 5800 S.W. KROME AVE. | |
| CITY-ST-ZIP | MIAMI FL 33193 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | POMPA, JORGE | |
| STREET ADDRESS | 5800 S.W. KROME AVE. | |
| CITY-ST-ZIP | MIAMI FL 33193 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Pompa Jorge | |
| STREET ADDRESS | 12350 SW. 132ND CT. Suite 201 | |
| CITY-ST-ZIP | MIAMI FL 33184 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Pompa Jorge | |
| STREET ADDRESS | 12350 S.W. 132ND CT Suite 201 | |
| CITY-ST-ZIP | MIAMI FL. 33184 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Pompa Jorge | |
| STREET ADDRESS | 12350 S.W. 132ND CT Suite 201 | |
| CITY-ST-ZIP | MIAMI FL. 33184 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Jorge Pompa

Jorge Pompa

4/27/01

305 253-6603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)