2002 UNIFORM BUSINESS REPORT (UBR)

May 27, 2002 8:00 am Secretary of State 357082 **DOCUMENT #** 1. Entity Name FIRST SOUTHEAST INVESTMENT CORPORATION 05-27-2002 90374 039 ***150.00 Mailing Address Principal Place of Business P O BOX 1626 P O BOX 1626 **BOCA RATON FL 33429 BOCA RATON FL 33429** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1987218 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent --- 6. Name and Address of Current Registered Agent GREEN, JERRY E Street Address (P.O. Box Number is Not Acceptable) 9200 S DADELAND BLVD **SUITE 617** Zip Code **MIAMI FL 33156** City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE PD □ Delete TITLE PITT, FRANK B NAME NAME STREET ADDRESS 329 KNOBE HILL BLVD STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME SMITH, ROBERT R. NAME STREET ADDRESS RD #2, BOX 383-A STREET ADDRESS CITY-ST-ZIP YORK ME CITY-ST-ZIE ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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

SIREFrank Pitt april 20, 200 2 Dayline Phone #

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME

changed, or on an attachment with an address

SIGNATURE:

FILED