

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90997 033 ***150.00

DOCUMENT # L94586
 1. Entity Name
SOUTHEASTERN FLORIDA MANAGEMENT, INC.

Principal Place of Business 11098 BISCAYNE BOULEVARD SUITE 402 MIAMI FL 33161	Mailing Address 11098 BISCAYNE BOULEVARD SUITE 402 MIAMI FL 33161
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>20803 Biscayne Blvd</i> Suite, Apt. #, etc. <i>Suite 200</i> City & State <i>Aventura, FL</i> Zip <i>33180</i>	3. Mailing Address <i>20803 Biscayne Blvd</i> Suite, Apt. #, etc. <i>Suite 200</i> City & State <i>Aventura, FL</i> Zip <i>33180</i>
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4. FEI Number 65-0215936	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Country USA	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**BEDZOW, MICHAEL
 20803 BISCAYNE BLVD
 SUITE 200
 AVENTURA FL 33180**

7. Name and Address of New Registered Agent
 Name **OLGA L. ALEMAN, LL.M.**
 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]* DATE **4-23-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BEDZOW, CHARLES 11098 BISCAYNE BLVD #402 MIAMI FL 33161 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BEDZOW, SARA 11098 BISCAYNE BLVD #402 MIAMI FL 33161 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MICHAEL BEDZOW, ESQ. 20803 BISCAYNE BLVD #200 AVENTURA, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, when all other like empowered.
 SIGNATURE: *[Signature]* DATE: **4/25/01** DAYTIME PHONE #: **305-891-9987**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)