

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007177**

1. Entity Name
SOUTHEAST CAPITAL GROUP LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 11:39

Principal Place of Business
**3333 WEST COMMERCIAL BLVD., SUITE 203
FORT LAUDERDALE FL 33309**

Mailing Address
**3333 WEST COMMERCIAL BLVD., SUITE 203
FORT LAUDERDALE FL 33309-3407**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDZEL, RICHARD M
3333 WEST COMMERCIAL BLVD., SUITE 203
FORT LAUDERDALE FL 33309**

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

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

(NOTE: Registered Agent signature required when reinstating)

2/7/00
DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

[Handwritten] 3/7/00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|---------------------------------------|--------------------------|---------------------------------|
| MGR | AMDZEL, RICHARD M | 3333 WEST COMMERCIAL BLVD., SUITE 203 | FORT LAUDERDALE FL 33309 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|-----------------|-----------------------|---------------------------------|-----------------------------------|
| | | 500002165575--1 | -03/10/00--01094--020 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | ****50.00 | ****50.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/7/00
Date

Daytime Phone #

CR2E083 (9/99)