

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90028 026 ***158.75

DOCUMENT # S01495

1. Entity Name

SOUTHEAST INSURANCE BROKERAGE COMPANY

Principal Place of Business

2 ALHAMBRA PLAZA
 1200
 CORAL GABLES FL 33134
 US

Mailing Address

9200 S. DADELAND BLVD
 STE 417
 MIAMI FL 33156-2712
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

6075 S.W. 92nd Street

Suite, Apt. #, etc.

City & State
 Miami, Florida

Zip
 33156-1960

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3031701

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUERMANN, ERIC
 6075 SW 92 ST
 MIAMI FL 33156

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

Eric Buermann, registered agent 4/20/00

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input type="checkbox"/> Delete
NAME	ANDERSEN, THOMAS D.	
STREET ADDRESS	2 ALHAMBRA PLAZA, SUITE 1200	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSEN, BERNICE L.	
STREET ADDRESS	2 ALHAMBRA PLAZA, SUITE 1200	
CITY-ST-ZIP	CORAL GABLES FL	
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		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE: Thomas D. Andersen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

(305) 442-1500

Daytime Phone #

CR2E034 (9/99)