

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90091 037 ***150.00

DOCUMENT # 256868

1. Entity Name
AMREP SOUTHEAST, INC.



Principal Place of Business
**103 N.MERIDIAN STREET
TALLAHASSEE FL 32301
US**

Mailing Address
**C/O NAT'L CORP.RESEARCH.LTD.INC
103 N.MERIDIAN ST
TALLAHASSEE FL 32301**



2. Principal Place of Business
**c/o: AMREP Southwest
Suite, Apt. # etc.
333 Rio Rancho Drive, NE**

3. Mailing Address
**c/o: AMREP Southwest
Suite, Apt. #, etc.
333 Rio Rancho Drive, NE**

City & State
Rio Rancho, NM
Zip
87124 Country
U.S.

City & State
Rio Rancho, N.M.
Zip
87124 Country
U.S.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **13-2534147**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH,LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301-0000**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
☐ Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **WALL, JAMES**
STREET ADDRESS **333 RIO RANCHO DRIVE, NE**
CITY-ST-ZIP **RIO RANCHO NM 87124**

TITLE **S** ☐ Delete
NAME **PIZZA, PETER M**
STREET ADDRESS **641 LEXINGTON AVENUE 6TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 31, 2003 (505) 896-9034
Date Daytime Phone #

CR2E034 (10/02)