2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # 370816** 1. Entity Name

SOUTHEASTERN DEVELOPMENT CORP.

Mar 04, 2000 8:00 am Secretary of State

S. Name and Address of Current Registered Agent S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Req						03-04-2000 9005	4 013 ***1	50.00	
#2800 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062-7149 2. Principal Place of Business Suite, Apt. #, etc. City & State Country Solution In State Street Address of New Registered Agent T. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered Agent of City FL Zo Code 8. The above named entity submits this statement for the purpose of changing its registered Agent of City FL Zo Code 8. The above named entity submits this statement for the purpose of changing its registered Agent of City FL Zo Code 8. This corporation is eligible to catchly its intangible after MAY 1, 2000 Fee will be \$\$50.00 Make Check Payable to Department of State Make MAY 1, 2000 Fee will be \$\$50.00 Make Check Payable to Department of State MESSER, HONSE 11. OFFICERS AND DIFFECTORS 12. ADDITIONS/CHANGES TO OFF CERS AND DIFFECTORS IN 11 THE MAKE MAY 1, 2000 Fee will be \$\$50.00 Make Check Payable to Department of State MESSER, HONSE 13433 THE MAKE STREET ADDRESS CITY-51-7P Delete THE MAKE STREET ADDRESS CITY-51-7P THE MAKE STREET ADD	Principal Place	e of Business	Mailing Address						
Sulfor, Apt. #, etc. City & State City & S	#2801		#2801				~ ~		
City & State Country Country S. Certificate of Status Desired S. Rame and Address of Current Registered Agent THOMAS MESSER 1323 LYONS RD ##H COCONUT CREEK FL 33063 City City FL City City FL City FL City FL City City FL City FL City City City City FL City Cit	2. Principal Place of Business		3. Mailing Address						
Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required Fee Required Fee	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
THOMAS MESSER 1323 LYONS RD ##H COCONUT CREEK FL 33063 **SIGNATURE** **SIGNATU	City & State		City & State		4.	59-1431206		Applied For Not Applicable	
THOMAS MESSER 1323 LYONS RD #PH COCONUT CREEK FL 33063 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 sprind name of registered agent and the if applicable NOTE Registered office or registered agent, or both, in the State of Florida. ### Signature sprind name of registered agent and the if applicable NOTE Registered office or registered agent, or both, in the State of Florida. ### Signature sprind name of registered agent and the if applicable NOTE Registered Agent signature required where remission; Dot** ### Signature sprind name of registered agent and the if applicable NOTE Registered Agent signature required where remission; Dot** ### Signature sprind name of registered agent and the if applicable NOTE Registered Agent signature required where remission; Dot** ### Signature sprind name of registered agent and the if applicable NOTE Registered Agent signature required where remission; Dot** ### Signature sprind name of registered agent and the if applicable NOTE Registered Agent signature required where remission; Dot** ### Signature sprind name of registered agent and the if applicable NOTE Registered Agent signature required where remission; Dot** ### Signature sprind name of registered agent and the if applicable NOTE Registered Agent signature required where remission; Dot** ### D	Zip	Country	Zip	Country	5.	Certificate of Status Desired			
THOMAS MESSER 1323 LYONS RD #PH COCONUT CREEK FL 33063 Signature speed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 1.		6. Name and Address of Current Re	egistered Agent		7. 1	Name and Address of New Registere	d Agent		
1323 LYONS RD #PH COCONUT CREEK FL 33063 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, types or primate name of registered agent and stee Expolicable (MOTE Registered Agent signature received when reinstalling) DATE				Name					
8. The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and tire if applicable (NOTE Registered Agent signature required when renatating) Atternary 1, 2000 Fee will be \$550.00 Atter MAY 1, 2000 Fee will be \$550.00 Atternary 2, 2000 Fee will be \$550.00 Atternary 3, 2000 Fee will be \$550.00 Atternary 4, 2000 Fee will be \$550.00 Atternary 4, 2000 Fee will be \$550.00 Atternary 4, 2000 Fee will b	1323 #PH	LYONS RD	Street Addre	ess (P.O. B	lox Number is Not Acceptable)				
SIGNATURE Signature, typeed or printed name of registered agent and time if appolicable (NOTE Registered Agent signature required when reinstation) DATE	COCONUT CREEK FL 33063			City		F	Zip Co	de	
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D MESSER, ROSE 1360 S OCEAN BLVD POMPANO BCH FL TITLE NAME MESSER, THOMAS L. 6496 VIA BENITA BOCA RATON FL 33433 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	SIGNATURE						E		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with his filing does pengualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information indicated on this report or supplemental repert 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 direct.	NAME STREET ADDRESS CITY-ST-ZIP	sertify that the information sunnlied with		NAME STREET ADDRESS CITY-ST-ZIP	in Section	119 07(3)(i). Florida Statutes I further			

of the corporation or the received or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

2/5/2000