

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 10, 2002 8:00 am**  
**Secretary of State**

01-10-2002 90014 009 \*\*\*150.00

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**DOCUMENT # 437705**

1. Entity Name  
**SOUTHEAST REALTY CORP.**

Principal Place of Business 541 S. STATE RD 7 12 MARGATE FL 33068 US	Mailing Address PO BOX 290156 DAVIE FL 33329-0156 US
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00001542



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1538185</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent <b>KARP, NEIL 1801 SATINWOOD CIR COCONUT CREEK FL 33066</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 \_\_\_\_\_ DATE \_\_\_\_\_  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KARP, HARRY</b> <b>1801 SATINWOOD CIRCLE</b> <b>COCONUT CREEK FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Willford, William</b> <b>P.O. Box 290156</b> <b>DAVIE, FL 33329</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TST</b> <b>KARP, JASON</b> <b>P.O. BOX 290156</b> <b>DAVIE FL 33329</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: JASON KARP 1/04/02 (954) 254-2031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (9/01)