

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90162 009 ***150.00

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**

70001642



2. Principal Place of Business
4780 N. State Road 7 #E250

3. Mailing Address

Suite, Apt. #, etc.
E250

Suite, Apt. #, etc.

City & State
Lauderdate Lakes, FL

City & State

Zip
33319

Country
USA

Zip

Country

4. FEI Number **59-1538185**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KARP, NEIL
1801 SATINWOOD CIR
COCONUT CREEK FL 33066**

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KARP, HARRY	
STREET ADDRESS	1801 SATINWOOD CIRCLE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	TST	<input type="checkbox"/> Delete
NAME	KARP, JASON	
STREET ADDRESS	P.O. BOX 290156	
CITY-ST-ZIP	DAVIE FL 33329	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIFORD, WILLIAM	
STREET ADDRESS	PO BOX 290156	
CITY-ST-ZIP	DAVIE FL 33329	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **JASON KARP** **SIGNATURE REQUIRED** **JAN. 8, 2003** **954 254-2031**

DATE DAYTIME PHONE #

CR2E034 (10/02)