

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90062 049 ***150.00

DOCUMENT # 466805

1. Entity Name

SOUTHEAST INSURANCE CENTER, INC.



Principal Place of Business

2ND FLOOR
1000 N.W. 159 DRIVE
MIAMI FL 33169-5806
US

Mailing Address

2ND FLOOR
1000 N.W. 159 DRIVE
MIAMI FL 33169-5806
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PREW, F DICKSON
1000 N.W. 159 DRIVE
2ND FLOOR
OPA LOCKA AIRPORT FL 33054-2327

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

MOORE

CR2E034 (11/03)

☐

\$8.75 Additional Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

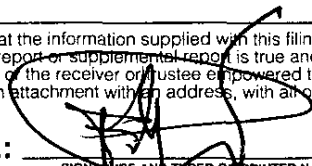
TITLE	PST	☐ Delete
NAME	PREW, F DICKSON	
STREET ADDRESS	1000 N.W. 159 DRIVE, 2ND FLOOR	
CITY-ST-ZIP	MIAMI FL 33169-5806	
TITLE	VD	☐ Delete
NAME	PREW, F DICKSON	
STREET ADDRESS	HANGAR 102, OFC 240	
CITY-ST-ZIP	OPA LOCKA AP FL 33054-2327	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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	PREW, F DICKSON	
STREET ADDRESS	1000 N.W. 159 DRIVE 2nd Floor	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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)(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 another like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-4 305-685-0000

Date

Daytime Phone #