2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State
03-28-2003 90081 049 ***158.75

DOCUMENT # 466805

1. Entity Name
SOUTHEAST INSURANCE CENTER, INC.

Principal Place of Business
~~HANGAR 102~~
~~SUITE 240~~
~~OPA LOCKA AIRPORT FL 33054-2327~~
US

New Address

Mailing Address
~~HANGAR 102~~
~~SUITE 240~~
~~OPA LOCKA AIRPORT FL 33054-2327~~
US

2. Principal Place of Business: 2nd Floor
Suite, Apt. #, etc.: 1000 NW 159 Drive
City & State: Miami FL
Zip: 33169-5806 Country: Dade

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State
Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PREW, F DICKSON
HANGAR 102, STE 240
OPA LOCKA AIRPORT FL 33054-2327

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 2nd Floor
1000 NW 159 Drive
City: Miami FL Zip Code: 33169

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PST PREW, F DICKSON HANGAR 102, OFC 240 OPA LOCKA AP FL 33054-2327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000 NW 159 Drive 2nd Floor Miami Fla 33169-5806	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PREW, F DICKSON HANGAR 102, OFC 240 OPA LOCKA AP FL 33054-2327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	☒ Change ☐ Addition
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CR2E034 (10/02)

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: F Dickson Prew PVPST 3/27/03 305-685-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #