

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90019 011 ***150.00

DOCUMENT # G65453

1. Entity Name

SOUTHEAST BROKERAGE SERVICES, INC.

Principal Place of Business

Mailing Address

1710 S.W. 68 AVE.
 PLANTATION FL 33317

1710 S.W. 68 AVE.
 PLANTATION FL 33317-5019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

853 NW 80th WAY

853 NW 80th WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 PLANTATION FLORIDA

City & State
 PLANTATION FLORIDA

4. FEI Number **59-2456464**

Applied For

Not Applicable

Zip
 33324

Country
 USA

Zip
 33324

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORNELLO, JOSEPH R.
 1710 S.W. 68TH AVE.
 PLANTATION FL 33317

Name

LINDA M RUBINO

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

853 NW 80th WAY

City

PLANTATION

FL

Zip Code

33324

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 **LINDA M RUBINO, PRESIDENT**

Linda M. Rubino, Pres. 1/24/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORNELLO, JOSEPH R. 1710 S.W. 68TH AVE. PLANTATION FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TORNELLO, MARIE A. 1710 S.W. 68TH AVE. PLANTATION FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TORNELLO, LINDA M. 1710 S.W. 68TH AVE. PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TORNELLO, ANNMARIE D. 1710 S.W. 68TH AVE. PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LINDA M. RUBINO 853 NW 80 th WAY PLANTATION FLORIDA 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. ANNMARIE D. SAPP 379 KETCH DRIVE SUNRISE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ANNETTE MOUNTAIN 1252 TYER STREET HOLLYWOOD FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **LINDA M RUBINO, PRESIDENT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)