## FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90496 005 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J59934** 

1. Entity Name

Principal Place of Business C/O JEFREY A SARROW, P.A. 300 SOUTH PINE ISLAND ROAD. #304 PLANTATION FL 33324  2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & S	SOUTHEAST COMMERCIAL CORP.						
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  5, Certificate of Status Desired  5, Name and Address of Current Registered Agent  7, Name and Address of New Registered Agent  Name  SARROW, JEFFREY A., ESQ. 300 SOUTH PINE ISLAND ROAD  PLANTATION FL 33324  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  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  KPLAN, ARLETTE  300 SOUTH PINE ISLAND RD. S-304  PLANTATION FL 33324  CITY-ST-ZIP  PINAME  STREET ADDRESS  CITY-ST-ZIP  FL STORM ARLETTE  300 SOUTH PINE ISLAND RD. S-304  PLANTATION FL 33324	C/O JEFFREY A. SARROW, P.A. 300 SOUTH PINE ISLAND ROAD. #304		C/O JEFFREY A. SARROW, P.A. 300 SOUTH PINE ISLAND ROAD, #304				
City & State  Country  Country  S. Certificate of Status Desired  Status D	2. Principal Place of Business		3. Mailing Address			1 1660/110 B101 DILLO (4110 1010 1111 DIL 	
Zip Country Zip Country 5927/8507 Not Applicable  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  SARROW, JEFFREY A., ESO. 300 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  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  FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS GIY-SI-ZIP  PD ANAME STREET ADDRESS GIY-SI-ZIP PLANTATION FL 33324  Not Appla A  STREET ADDRESS GIY-SI-ZIP PLANTATION FL 33324  Not Appla Addition SUBJECT ADDRESS GIY-SI-ZIP PLANTATION FL 33324	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired	City & State		City & State			4. FEI Number 59-2778507	<del></del>
SARROW, JEFFREY A., ESQ. 300 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  KAPLAN, ARLETTE  300 SOUTH PINE ISLAND RD. S-304 PLANTATION FL 33324  NAME  STREET ADDRESS  CITY-ST-ZIP  PLANTATION FL 33324  STREET ADDRESS  CITY-ST-ZIP  AVAILAY & APALA  HOLLY Wood, FZ 33021	Zip	Country	i '	Country		5. Certificate of Status Desired	
SARROW, JEFFREY A., ESO. 300 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  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. I am familiar with, and accept the obligations of registered agent and title if applicable.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  PLANTATION FL 33324  STREET ADDRESS  CITY-ST-ZIP  Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  And City Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  And City Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. B	6. Name and Address of Current Registered Agen				7. Name and Address of New Registered Agent		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature: rybed or printed note brigistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  KAPLAN, ARLETTE  300 SOUTH PINE ISLAND RD. S-304  PLANTATION FL 33324  CITY-ST-ZIP  PLANTATION FL 33324  (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida agent, and state of Florida agent, and state of Florida agent, and state of Florida agent and title if applicable.  [NOTE Registered Agent signature required when reinstating)  9. Election Campaign Financing	300 SOUTH PINE ISLAND ROAD						
the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  KAPLAN, ARLETTE  STREET ADDRESS  GITY-ST-ZIP  PLANTATION FL 33324  (NOTE. Registered Agent signature required when reinstating)  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  FOR SIGNATURE  STREET ADDRESS  GITY-ST-ZIP  PLANTATION FL 33324  (NOTE. Registered Agent signature required when reinstating)  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  FOR SIGNATURE  STREET ADDRESS  GITY-ST-ZIP  PLANTATION FL 33324  (NOTE. Registered Agent signature required when reinstating)  P. Election Campaign Financing Trust Fund Contribution.  Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  FOR SIGNATURE  STREET ADDRESS  GITY-ST-ZIP  PLANTATION FL 33324  (NOTE. Registered Agent signature required when reinstating)  P. Election Campaign Financing Trust Fund Contribution.  Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  FOR SIGNATURE  STREET ADDRESS  GITY-ST-ZIP  PLANTATION FL 33324  (NOTE. Registered Agent signature required when reinstating)  P. Election Campaign Financing Trust Fund Contribution.  STREET ADDRESS  GITY-ST-ZIP  Hollywood, FZ 33021				City		F	Zip Code
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PD  NAME KAPLAN, ARLETTE  STREET ADDRESS  CITY-ST-ZIP PLANTATION FL 33324  S. Election Campaign Financing Trust Fund Contribution.  Added to Fees  \$5.00 May Be Added to Fees  \$5.00 May Be Added to Fees  Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  President; Director Dichange Addition  NAME Audrey Kaplan  STREET ADDRESS  CITY-ST-ZIP PLANTATION FL 33324  CITY-ST-ZIP Hollywood, FZ 33021	the obligati	ions of registered agent.	<u></u>	<u></u>			
TITLE PD KAPLAN, ARLETTE  STREET ADDRESS CITY-ST-ZIP  TITLE PRESIDENT OF CETOF Dechange Addition  NAME  STREET ADDRESS CITY-ST-ZIP  PLANTATION FL 33324  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  PLOTTYWOOD, FZ 33021	After May 1, 2003 Fee will be \$550.00					. 5	
NAME STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324  KAPLAN, ARLETTE  STREET ADDRESS CITY-ST-ZIP  NAME  STREET ADDRESS CITY-ST-ZIP  AUGICY Kaplan  4/06 N. 50 Ave.  CITY-ST-ZIP  Hollywood, FL 33021	10.	OFFICERS AND	DIRECTORS	11.			
	NAME STREET ADDRESS	Kaplan, arlette 300 South Pine Island Rd. S	• •	NAME STREET ADDRESS	Aud 410	irty Kaplan 6 N. 50 Ave.	}

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attact of the corporation of the co

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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Daytime Phone #

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