

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034722

1. Entity Name

SOUTH EAST COMMERCE CORP.

Principal Place of Business

Mailing Address

5201 BLUE LAGOON DR., 9TH FLOOR
MIAMI FL 33126

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MIAMI FL 33126

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90004 001 *****5.00

02-01-2001 90004 002 *****8.75

02-01-2001 90004 003 ***150.00

23886



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5201 Blue Lagoon Dr., 9Flr.

5201 Blue Lagoon Dr., 9Flr.

Suite, Apt. #, etc.
Miami, FL

Suite, Apt. #, etc.
Miami, FL

City & State

City & State

4. FEI Number

65-1008802

Applied For

Not Applicable

Zip
33126

Country
USA

Zip
33126

Country
USA

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

NATIONAL REGISTERED AGENTS, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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.

SIGNATURE

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, 2001 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	Delete
	P KOVALEV, OLEG DR.	5201 BLUE LAGOON DR., 9TH FLOOR	MIAMI FL 33126	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dr. OLEG KOVALEV

01/12/01 (305) 629-3692

0144417

CR2E034 (10/00)