

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000030990

2003

1. Entity Name

Southeast Consolidated Ad, Inc.



FILED

03 OCT 27 AM 10:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
417 Leslie Drive

3. Mailing Address
417 Leslie Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hallandale, Florida

City & State
Hallandale, Florida

4. FEI Number

Applied For

Not Applicable

Zip
33009

Country
USA

Zip
33009

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Steven Mishkin

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

417 Leslie Drive

City Hallandale

FL

Zip Code
33009

**DO NOT WRITE
IN THIS SPACE**

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

200024180182
10/27/03--01126--009 **150.00

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY- ST- ZIP
P.D
Steven Mishkin
417 Leslie Dr., Hallandale, FL 33009

TITLE
NAME
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

10/30

October 10, 2003

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32134
Corporate Reinstatement

Reference: Southeast Consolidated Ad, Inc. Doc # P01000030990
2003 Corporation Profit Annual Report

Taxpayer's Assistance:

We would like to have the above corporation annual report filed. We had moved and never received our corporation annual report. After calling the Florida Department of State we were instructed to write this letter and mail it with our report and a check in the amount of \$150.00. We are enclosing our check in the amount of \$150.00 and our corporation annual report for the year 2003.

Thanking you in advance for your cooperation and assistance.

Sincerely yours,
Southeast Consolidated Ad, Inc.



Steven Mishkin
President