

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

FILED

DOCUMENT # P01000082923

1. Entity Name

SOUTHEAST MANAGEMENT GROUP, INC.

02 NOV 15 PM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
2330 SW 35TH PLACE

3. Mailing Address
2330 SW 35TH PLACE

Suite, Apt. #, etc.
A-2

Suite, Apt. #, etc.
A-2

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

Zip
32608

Country
USA

Zip
32608

Country
USA

4. FEI Number
65-1132301

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name **MUGHAL, KHALID**

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

2330 SW 35TH PLACE - SUITE A-2

City **GAINESVILLE**

Zip Code
32608

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)

11/01/02
DATE

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

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUGHAL, KHALID 2330 SW 35TH PLACE - A 2 GAINESVILLE FL 32608	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALEM, ADEL 2330 SW 35TH PLACE - A2 GAINESVILLE FL 32608	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KHALID MUGHAL

11/01/02
DATE

954520-0824
Daytime Phone

CR2E034B (12/01)

11/20