

5/1

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-19-2002 90224 034 ***150.00

DOCUMENT # P01000101058

1. Entity Name

SOUTHEAST REALTY ASSOCIATES, INC.

Principal Place of Business

~~6450 MILK WAGON LANE~~
~~MIAMI FL 33014~~

Mailing Address

~~6450 MILK WAGON LANE~~
~~MIAMI FL 33014~~

2. Principal Place of Business

5881 N.W. 151st.-

3. Mailing Address

5881 N.W. 151st.-

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

Miami Lakes, FL.-

City & State

Miami Lakes, FL.-

4. FEI Number

31-1805773

Applied For

Not Applicable

Zip

33014

Country

U.S.A.-

Zip

33014

Country

U.S.A.-

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

6. Name and Address of Current Registered Agent

 LIPSITZ, MARC
 550 BILTMORE WAY
 SUITE 700
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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, 2002 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

 TITLE ~~PD~~ ☒ Delete
 NAME GALVEZ, GEORGE
 STREET ADDRESS 6450 MILK WAGON LANE
 CITY-ST-ZIP MIAMI FL 33014

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE ☐ Change ☒ Addition
 NAME P/D
 STREET ADDRESS To 250 X. Sanabria
 CITY-ST-ZIP 14911 S.W. 87th Ave #207
 MIAMI, FL - 33193

 TITLE ☐ Change ☒ Addition
 NAME Iris Ponce
 STREET ADDRESS 17530 N.W. 68th St. #C 4014
 CITY-ST-ZIP MIAMI, FL - 33015 - Secretary

 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02

Date

Daytime Phone #

(305) 556-6868

CR2E034 (9/01)