

FOR PROFIT CORPORATION - 2002
UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90140 009 ***150.00

DOCUMENT # **PO1000115518** ✓
 1. Entity Name **S. EASTERN CONSTRUCTION + DEVELOPMENT INC**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **12321 NW 29th PLACE**
 Suite, Apt. #, etc.

3. Mailing Address **12321 NW 29th PLACE**
 Suite, Apt. #, etc.

City & State **SUNRISE FL**
 Zip **33323**
 Country **USA**

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4. FEI Number **65-1159320**
 Applied For ☐ Not Applicable

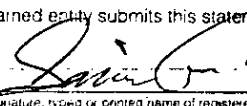
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **SAMMI EDRI**
 Street Address (P.O. Box Number is Not Acceptable) **12321 NW 29th PLACE**
 City **SUNRISE** FL Zip Code **33323**

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 **4/23/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. The fee is **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS

TITLE **PRESIDENT**
 NAME **SAMMI EDRI**
 STREET ADDRESS **12321 NW 29th PLACE**
 CITY-STATE-ZIP **SUNRISE FL 33323**

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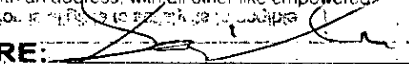
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/23/02** (954) 854-1732
 Daytime Phone #