FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) - 2002

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90140 009 ***150.00

DOCUMENT # P01000115518

1. Entity Name S. EASTERN CONSTRUCTION + DEVELOPMENT INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
12321 NW 29 th PLACE	12321 NW 29 th PLACE	
Suite, Apt. #, etc	Suite, Apt. #, etc.	
City & State: SUNRISE FL	City & State: SUNRISE FL	4. FEI Number: 65-1159320 ☐ Applied For ☐ Not Applicable
Zip: 33323 Country: USA	Zip: 33323 Country: USA	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 29 th 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: _____ 4/23/02
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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
If this is an **Amended UBR is $61.25**
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 PRESIDENT NAME SAMMI EDRI STREET ADDRESS 12321 NW 29 th PLACE CITY-ST-ZIP SUNRISE FL 33323		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: _____ 4/23/02 (954) 854-1782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #