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FILED
May 21, 2002 8:00 am
Secretary of State

02-21-2002 90140 014 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115761

1. Entity Name
SOUTHEAST PHARMACEUTICALS, INC.

Principal Place of Business	Mailing Address
3200 PORT ROYAL DRIVE #2105 FORT LAUDERDALE FL 33308	3200 PORT ROYAL DRIVE #2105 FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1000 East Atlantic Blvd	1000 E Atlantic Blvd
Suite, Apt. #, etc.: #20	Suite, Apt. #, etc.: # 20
City & State: Pompano FL	City & State: Pompano Bch
Zip: 33060 Country: USA	Zip: 33060 Country: FL USA

4. FEI Number: 01-0584681 — ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132	Name: Charles Burnett Street Address (P.O. Box Number is Not Acceptable): 701 W. Sypress Creek rd. Suite #302 City: Ft. lauderdale FL Zip Code: 33309

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. (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DITRAGLIA, ALFRED 3200 PORT ROYAL DRIVE #2105 FORT LAUDERDALE FL 33308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 empowered.

SIGNATURE: ______ Pres - (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 2/6/02 (Date) ______ (Daytime Phone #)