

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90113 045 \*\*\*158.75

**DOCUMENT # P02000053039**

**1. Entity Name**  
**SOUTHEAST CLOSING SERVICES, INC.**



**Principal Place of Business**  
**3325 GRIFFIN ROAD**  
**SUITE 194**  
**FORT LAUDERDALE FL 33312**

**Mailing Address**  
**3325 GRIFFIN ROAD**  
**SUITE 194**  
**FORT LAUDERDALE FL 33312**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

02-0601973

Applied For

Not Applicable

**5. Certificate of Status Desired**

☒ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI FL 33145**

**7. Name and Address of New Registered Agent**

**Name** **ROBERT WALKER**  
**Street Address (P.O. Box Number is Not Acceptable)** **3325 GRIFFIN RD, SUITE 194**  
**City** **FT. LAUD.** **FL** **33312**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

4/1/03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>MOJENA, EDWARD</b>	
<b>STREET ADDRESS</b>	<b>3325 GRIFFIN ROAD SUITE 194</b>	
<b>CITY-ST-ZIP</b>	<b>FORT LAUDERDALE FL 33312</b>	
<b>TITLE</b>	<b>STD</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>WALKER, ROBERT K</b>	
<b>STREET ADDRESS</b>	<b>3325 GRIFFIN ROAD SUITE 194</b>	
<b>CITY-ST-ZIP</b>	<b>FORT LAUDERDALE FL 33312</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>KATZ, RANDY L</b>	
<b>STREET ADDRESS</b>	<b>3325 GRIFFIN ROAD SUITE 194</b>	
<b>CITY-ST-ZIP</b>	<b>FORT LAUDERDALE FL 33312</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PRESIDENT-DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>ROBERT K WALKER</b>	
<b>STREET ADDRESS</b>	<b>3325 GRIFFIN RD, #194</b>	
<b>CITY-ST-ZIP</b>	<b>FT. LAUD, FL 33312</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>SECRETARY-DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>SHERY GANTNER</b>	
<b>STREET ADDRESS</b>	<b>12629 N.W. 15TH ST.</b>	
<b>CITY-ST-ZIP</b>	<b>SUNRISE, FL 33323</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. 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 10 or Block 11 if changed, 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

Daytime Phone

CR2E034 (10/02)