

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90993 002 \*\*\*150.00

0432814 AV

DOCUMENT # P02000096251

1. Entity Name  
SOUTHEASTERN COMMODITIES CORP.



Principal Place of Business  
100 E. LINTON BLVD., STE. 404B  
DELRAY BEACH FL 33483

Mailing Address  
100 E. LINTON BLVD., STE. 404B  
DELRAY BEACH FL 33483



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**4955 W. Atlantic Ave.**

3. Mailing Address  
**P.O. Box 7615**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Delray Beach, FL**

City & State  
**Delray Beach, FL**

4. FE Number  
**41-1060714**

Applied For  
Not Applicable

Zip  
**33445**

Country

Zip  
**33446**

Country

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

ZUBIN, ISRAEL  
100 E. LINTON BLVD., STE. 404B  
DELRAY BEACH FL 33483

Name **Israel Zubin**  
Street Address (P.O. Box Number is Not Acceptable)  
**4955 W. Atlantic Ave.**

City **Delray Beach** FL Zip Code **33445**

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]*

DATE **4/28/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/28/03**

DAYTIME PHONE # **561-4977045**

CR2E034 (10/02)