2000 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2000 8:00 am DOCUMENT # **P94000048540** Secretary of State SOUTHEASTERN AGENCY, INC. 02-07-2000 90008 012 ***150.00 Mailing Address Principal Place of Business 3795 N.W. SOUTH RIVER DRIVE 5000 S.W. 75TH AVENUE MIAMI FE 33142 1ST FLOOR MIAMI FL 33155-4468 2. Principal Place of Business 75th Que 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. # etc. Suite, Apt. #, etc. いナ Applied For & State City & State 4. FEI Number 65-0536564 Not Applicable Miami Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRENTICE HALL LEGAL & FINANCIAL SERVICES Street Address (P.O. Box Number is Not Acceptable) 1 BISCAYNE TOWER 2 SOUTH BISCAYNE BLVD, SUITE 1810 **MIAMI FL 33131** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE NAME SIMAN, FERNANDO R NAME STREET ADDRESS 5000 S.W. 75TH AVENUE, 1ST FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 ☐ Addition TITI F ☐ Detete NAME SIMAN, LUIS E NAME STREET ADDRESS STREET ADDRESS 5000 S.W. 75TH AVENUE, 1ST FLOOR CITY-ST-ZIP -CITY-ST-ZIP~ MIAMI FL 33155 ☐ Addition Change TITLE ☐ Delete JUBIS, OSCAR NAME STREET ADDRESS STREET ADDRESS 5000 S.W. 75TH AVENUE, 1ST FLOOR CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33155 ☐ Addition Change TITLE ☐ Delete TITLE SIMAN, FERNANDO NAME NAME STREET ADDRESS STREET ADDRESS 5000 S.W. 75TH AVENUE, 1ST FLOOR CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33155 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME: NAME ** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 of the ecciver 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00

(305) 666-5000

Daytime Phone #

FILED