

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90078 029 ***150.00

0225609

DOCUMENT # P95000069289

1. Entity Name

SOUTHEASTERN INSURANCE CORPORATION

Principal Place of Business

9960 NW 116TH WAY
 STE 12
 MIAMI FL 33178
 US

Mailing Address

9960 NW 116TH WAY
 STE 12
 MIAMI FL 33178
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0617735**

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

~~BEANE, REGINALD E~~
 5088 NW 81ST AVE.
 CORAL SPRINGS FL 33067

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____ (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **PD** Delete
 NAME **BEANE, RGINALD E.**
 STREET ADDRESS **5088 N.W. 81ST AVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **VPDS** Change Addition
 NAME **BEANE REGINALD E**
 STREET ADDRESS **5088 NW 81ST AVE**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33067**

TITLE **VPDT** Delete
 NAME **CAMBERT, RENE**
 STREET ADDRESS **9960 NW 116TH WAY, STE. 12**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **ESPINOSA, LUIS**
 STREET ADDRESS **9960 NW 116TH WAY**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LUIS H. ESPINOSA

Date **4/26/01** Daytime Phone # **(305) 863-6644**

CR2E034 (10/00)

80044272



DO NOT WRITE IN THIS SPACE