

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000059677**

1. Entity Name

SOUTHEAST BANKERS MORTGAGE CORP.**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90052 024 ***150.00

Principal Place of Business

Mailing Address

420 LINCOLN ROAD
SUITE 308
MIAMI BEACH FL 33139**420 LINCOLN ROAD**
SUITE 308
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

407 Lincoln Rd. #10-A**407 Lincoln Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10-A**10-A**

City & State

City & State

Miami Beach, FL**Miami Beach, FL**

Zip

Country

Zip

Country

33139**U.S.A.****33139****U.S.A.**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0680499**

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

GRANTUR, ERIC
325 MERIDIAN AVENUE #6
MIAMI BEACH FL 33139

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

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

(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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENDER, BRUCE 5900 ALTON RD. MIAMI BEACH FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DYER, CURT 5900 ALTON RD. MIAMI BEACH FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

2-22-01

Date

305-672-1123

Daytime Phone #

CR2E034 (10/00)