

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90037 038 \*\*\*550.00

**DOCUMENT # P96000071103**

1. Entity Name  
**SOUTHEAST ACQUISITIONS GROUP, INC.**

---

Principal Place of Business      Mailing Address

**10800 COLLINS AVE**      **3078 ALTON RD**  
**N. MIAMI BEACH FL 33154**      **MIAMI BEACH FL 33140-3806**  
**US**

---

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

---

City & State      City & State

---

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3427436**      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

**WOLFE, LARRY**  
**200-A JOHN KNOX ROAD**  
**TALLAHASSEE FL 32303-6643**

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.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNOGL, THOMAS</b>	NAME	
STREET ADDRESS	<b>3078 ALTON RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODARD, JAMES</b>	NAME	
STREET ADDRESS	<b>6438 N MAGNOLIA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Thomas Knogl      **Thomas Knogl**      Date: **5-30-2000**      Daytime Phone #: **305945028**

CR2E034 (9/99)