

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009800

1. Entity Name

SOUTHEAST FINANCIAL CORPORATION

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90105 013 \*\*\*150.00

Principal Place of Business

6713 MAIN STREET  
SUITE 240  
MAIMI LAKES FL 33014

Mailing Address

6713 MAIN STREET  
SUITE 240  
MAIMI LAKES FL 33014-2066

2. Principal Place of Business

6710 MAIN STREET

Suite, Apt. #, etc.

SUITE 132

City & State

MAIMI LAKES, FL

Zip

33014

Country

U.S.

3. Mailing Address

6710 MAIN STREET

Suite, Apt. #, etc.

SUITE 132

City & State

MAIMI LAKES, FL

Zip

33014

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0724922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, REYNALDO  
16111 W TROOM CIRCLE  
MAIMI LAKES FL 33014

7. Name and Address of New Registered Agent

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

*Reynaldo Diaz* REYNALDO DIAZ

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/00

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	DIAZ, REYNALDO	
STREET ADDRESS	16111 W TROOM CIRCLE	
CITY-ST-ZIP	MAIMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*Reynaldo Diaz* REYNALDO DIAZ

3/30/00 305-5571800

Date

Daytime Phone #

CR2E034 (9/99)