2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P97000027885** SOUTHEAST INVESTMENT GROUP INC.

Country

FILE NOW!!! FEE IS \$150.00

City

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

SHITE 907

2238 CYPRESS BEND DRIVE NORTH

POMPANO BEACH FL 33069-5607

Principal Place of Business

5778 N. FEDERAL HWY

FT. LAUDERDALE FL 33308

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

2. Principal Place of Business

SUITE 907

Country

2238 CYPRESS BEND DRIVE NORTH

DESCHENES, DENISE S

POMPANO BEACH FL 33069

9. This corporation is eligible to satisfy its Intangible

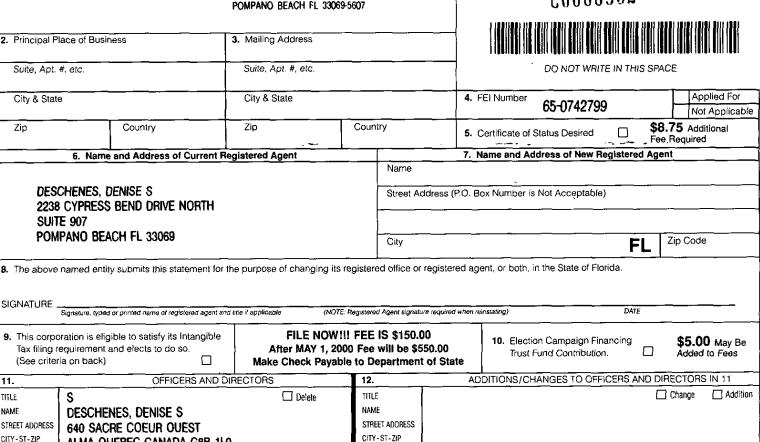
6. Name and Address of Current Registered Agent

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

Apr 22, 2000 8:00 am Secretary of State

04-22-2000 90067 014 ***150.00

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Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CEZ FINES ☐ Delete TITLE NAME DESCHENES, DENISE S STREET ADDRESS STREET ADDRESS 640 SACRE COEUR OUEST CITY-ST-ZIP CITY-ST-7IP ALMA QUEBEC CANADA G8B 1L9 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME HAMEL, JULES S ~ STREET ADDRESS STREET ADDRESS 640 SACRE COEUR OUEST CITY-ST-ZIP CITY-ST-ZIP ALMA QUEBEC CANADA G8B 1L9 ☐ Change ☐ Delete TITLE Addition TITLE NAME HAMER, ANDRE STREET ADDRESS STREET ADDRESS 2238 CYPRESS BEND DR. N. #907 CITY-ST-ZIP CITY-\$T-ZIP POMPANO FL 33069 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of the corporation or the rec changed, or on ar all other like empowered

SIGNATURE