

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

SOUTHEAST UNITED MANAGEMENT COMPANY

Principal Place of Business

Mailing Address

18495 SOUTH DIXIE HWY..STE.325  
MIAMI FL 33157

2. Principal Place of Business

11373 S.W. 211ST.

3. Mailing Address

18495 South Dixie HWY

Suite, Apt. #, etc.

10-11

Suite, Apt. #, etc.

325

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0742197

Applied For

Not Applicable

Zip

33189

Country

U.S.A.

Zip

33157

Country

U.S.A.

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 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

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

EUTSEY, JOE F ☐ Delete  
2820 EVERGREEN WAY  
COOPER CITY FL 33026

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

WRIGHT, KAREN M ☐ Delete  
2820 EVERGREEN WAY  
COOPER CITY FL 33026

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

WRIGHT, HOPETON A ☐ Delete  
3705 ACAPULCO-DR  
MIRAMAR FL 33023

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

JOE F EUTSEY 27 April 2000 (305)234-9440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C0087909

DO NOT WRITE IN THIS SPACE

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90097 019 \*\*\*150.00

CR2E034 (9/99)