

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9700032354**

1. Entity Name

SOUTHEAST REPS, INC.

S.E. Reps INC

Principal Place of Business

Mailing Address

**3717 CORAL TREE CIRCLE - SAME
COCONUT CREEK FLORIDA
33073**

2. Principal Place of Business

3. Mailing Address

3717 CORAL TREE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

COCONUT CREEK FLA

City & State

4. FEI Number

65-0743360

Applied For

Not Applicable

Zip

33073

Country

USA

Zip

Country

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

**LEONARD KANTROWITZ
3717 CORAL TREE CIRCLE
COCONUT CREEK FLORIDA
33073**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres.	<input type="checkbox"/> Delete
NAME	LEONARD KANTROWITZ	
STREET ADDRESS	3717 CORAL TREE CIRCLE	
CITY-ST-ZIP	COCONUT CREEK FLA 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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

LEONARD KANTROWITZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

954-978 6426

Daytime Phone #

CR2E034 (9/99)