

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90135 010 ***150.00

DOCUMENT # P980000048084 ✓
1. Entity Name
Southeast Prime Real Estate, Inc.

830641

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
500 NE Spanish River Blvd
Suite, Apt. #, etc.
207
City & State
Boca Raton Florida

3. Mailing Address
500 NE Spanish River Blvd
Suite, Apt. #, etc.
207
City & State
Boca Raton Florida

DO NOT WRITE IN THIS SPACE

4. FEI Number
650881-634 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip Country Zip Country
33431 USA 33431 USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Robert S Horowitz Esquire
Street Address (P.O. Box Number is Not Acceptable)
3301 NW Boca Raton Blvd.
Suite 200
City **Boca Raton** **FL** Zip Code
33431

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 reappointing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
President/Director
Jeffrey Kleiman
500 NE Spanish River Blvd
Boca Raton FL 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President/Director
Brian Clouse
500 NE Spanish River Blvd
Boca Raton FL 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Brian Clouse 4/4/02 561-447-8740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

X104