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

04-16-2002 90135 010 \*\*\*150.00

FOR P	ROFIT C	<b>ORPORA</b>	TION
UNIFORM	BUSINES	SS REPO	RT (UBR)

DOCUMENT #

1. Entity Name Southeast Prime Real Estate, Inc. 830641 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 500 NE Spanish River Blvd 500 NE Spanish River Blvd Suite, Apt. #. etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 207 207 City & State City & State 4. FEI Number Applied For Boca Raton Florida Boca-Raton-Florida-650881-634 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired <u> 33431</u> USA 33431 USA Fee Required 7. Name and Address of Current Registered Agent Robert S Horowitz Esquire DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 3301 NW Boca Raton Blvd IN THIS SPACE Suite 200 City Zip Code Boca Raton 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, typerfor printed name of registered agent and that if applicable. INOTE. Registered Agent signature required when rehistating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01) President/Director TITLE NAME Jeffrey Kleiman NAME STREET ADDRESS STREET ADDRESS 500 NE SPanish River Blvd CITY-ST-ZIP CITY-ST-ZIP Boca Raton FL 33431 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7/P CITY-ST-ZIP TITLE President/Director NAME NAME Brian Clouse STREET ADDRESS STREET ADDRESS 500 NE Spanish River Blvd DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP Boca Raton FL 33431 TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP THE TITLE NAME NAME STREET AUDRESS STREET ADDRESS CITY ST-789 CITY ST-ZIP TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 eath; 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: