

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

**Feb 07, 2000 8:00 a
Secretary of State**

02-07-2000 90054 043 ***150.00

DOCUMENT # P98000061987
1. Entity Name
SOUTHEAST BUSINESS CONSULTANTS, INC.

Principal Place of Business Mailing Address
6003 NW 31ST AVENUE 6003 NW 31ST AVENUE
FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309-2209

913000

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0848493**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOGANI, HUMBERTO
6003 NW 31ST AVENUE
FORT LAUDERDALE FL 33309

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 reinstalling) 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** Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	D <input type="checkbox"/> Delete
NAME	BOGANI, HUMBERTO
STREET ADDRESS	6003 NW 31ST AVENUE
CITY-ST-ZIP	FORT LAUDERDALE FL 33309
TITLE	D <input type="checkbox"/> Delete
NAME	HERNANDEZ, WINSTON
STREET ADDRESS	.003 NW 31ST AVENUE
CITY-ST-ZIP	FORT LAUDERDALE FL 33309
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Humberto Bogani* *1/21/00* *(954) 753*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #