

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004082

1. Entity Name

321 SE INVESTMENT, INC.

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90134 001 \*\*\*600.00

Principal Place of Business 1701 S.W. 12TH AVE. BOCA RATON FL 33486	Mailing Address 1701 S.W. 12TH AVE. BOCA RATON FL 33433-3406
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7284 W. Palmetto Park Road Suite, Apt. #, Suite 101 South Boca Raton, FL 33433	3. Mailing Address 7284 W. Palmetto Park Road Suite, Apt. #, Suite 101 South Boca Raton, FL 33433
City & State	City & State

4. FEI Number 65-0889258	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RAZA, SYED M  
 1701 S.W. 12TH AVE.  
 BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name: RAZA SYED M  
 Street Address: 7284 W. Palmetto Park Road  
 Suite 101 South  
 Boca Raton, FL 33433  
 City: Boca Raton FL Zip Code: FL

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: Syed M Raza (NOTE: Registered Agent signature required when reinstating) DATE: 4/29/00

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	D	<input type="checkbox"/> Delete
NAME	RAZA, SYED M	
STREET ADDRESS	1701 S.W. 12TH AVE.	
CITY-ST-ZIP	BOCA RATON FL 33486	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Syed M Raza (Signature and typed or printed name of signing officer or director) Date: 4/29/00 Daytime Phone #: 561 392 9450

CR2E034 (9/99)