

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081771

1. Entity Name

SOUTH EQUITY MORTGAGE.COM, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90046 034 ***150.00

Principal Place of Business

621 NORTHWEST 53RD STREET
SUITE #240
BOCA RATON FL 33487

Mailing Address

621 NORTHWEST 53RD STREET
SUITE #240
BOCA RATON FL 33487-8291

2. Principal Place of Business

3. Mailing Address

10264 CROSSWIND RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

4. FEI Number

05-0950576

Applied For

Not Applicable

Zip

Country

Zip

Country

33498 PALM BEACH

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

TRIEFLER, M. EDWARD
2235 SPRING HARBOR DRIVE
APARTMENT O
DELRAY BEACH FL 33445

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PRESIDENT
M. EDWARD TRIEFLER
10264 CROSSWIND RD
BOCA RATON, FL 33498

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:

M. EDWARD TRIEFLER

Date

Daytime Phone #

1/4/00 995-1422

CR2E034 (9/99)