

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90138 012 ***150.00

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**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000104427 1. Entity Name SOUTHEASTERN CAPITAL HOLDINGS, INC.																																																																																																																																			
Principal Place of Business 333 N. NEW RIVER DRIVE, 3RD FL FORT LAUDERDALE, FL 33304			Mailing Address 2805 E. OAKLAND PK BLVD FORT LAUDERDALE, FL 33304																																																																																																																																
2. Principal Place of Business 2805 E. OAKLAND PK BLVD Suite, Apt. #, etc. PMB # 110 City, State FT. Lauderdale, FL			3. Mailing Address 2805 E. OAKLAND PK BLVD Suite, Apt. #, etc. PMB # 110 City, State FT. Lauderdale, FL																																																																																																																																
4. FEI Number 91-2016774		☐ CHECK HERE IF MAKING CHANGES																																																																																																																																	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SCILLIA, MICHAEL V 2805 E OAKLAND PAKR BLVD., PMB 110 FT LAUDERDALE, FL 33306																																																																																																																																	
7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																																	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when registering.)																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">C, AS</td> <td style="width: 40%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">Change ☒ Addition ☐</td> <td style="width: 40%;"></td> </tr> <tr> <td>NAME</td> <td>SCILLIA, MICHAEL V</td> <td></td> <td>NAME</td> <td>2805 E. OAKLAND PK BLVD, #110</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>333 N. NEW RIVER DR, EAST, 3RD FLOOR</td> <td></td> <td>STREET ADDRESS</td> <td>FT. LAUD. FL. 33306</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33304</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP, S</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>Change ☐ Addition ☐</td> <td></td> </tr> <tr> <td>NAME</td> <td>APPELBLATT, GARY M</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3610 AMERICAN RIVER DR., STE 112</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SACRAMENTO, CA 95864</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>AS</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>Change ☒ Addition ☐</td> <td></td> </tr> <tr> <td>NAME</td> <td>SCILLIA, ANGELA G</td> <td></td> <td>NAME</td> <td>2805 E. OAKLAND PK BLVD, #110</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>333 N. NEW RIVER DR, E, 3RD FL</td> <td></td> <td>STREET ADDRESS</td> <td>FT LAUD. FL. 33306</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33304</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>Change ☐ Addition ☐</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>Change ☐ Addition ☐</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	C, AS	☐ Delete	TITLE	Change ☒ Addition ☐		NAME	SCILLIA, MICHAEL V		NAME	2805 E. OAKLAND PK BLVD, #110		STREET ADDRESS	333 N. NEW RIVER DR, EAST, 3RD FLOOR		STREET ADDRESS	FT. LAUD. FL. 33306		CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP			TITLE	VP, S	☐ Delete	TITLE	Change ☐ Addition ☐		NAME	APPELBLATT, GARY M		NAME			STREET ADDRESS	3610 AMERICAN RIVER DR., STE 112		STREET ADDRESS			CITY-ST-ZIP	SACRAMENTO, CA 95864		CITY-ST-ZIP			TITLE	AS	☐ Delete	TITLE	Change ☒ Addition ☐		NAME	SCILLIA, ANGELA G		NAME	2805 E. OAKLAND PK BLVD, #110		STREET ADDRESS	333 N. NEW RIVER DR, E, 3RD FL		STREET ADDRESS	FT LAUD. FL. 33306		CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP			TITLE		☐ Delete	TITLE	Change ☐ Addition ☐		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE	Change ☐ Addition ☐		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																			
SIGNATURE <u>Michael V. Scillia</u> <u>5/1/03</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																			

CR2034 (10/02)