

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S53775

1. Entity Name

SOUTHEAST COMPUTER CONSULTANTS, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90096 033 ***150.00

Principal Place of Business

Mailing Address

1000 W. MCNAB RD.
#105
FT LAUDERDALE FL 33069
US

P.O. BOX 818
DEERFIELD FL 33443-0818

2. Principal Place of Business

3. Mailing Address

600 W. Hillsboro Blvd.
Suite, Apt. #, etc.

P.O. Box 818
Suite, Apt. #, etc.

City & State
210

City & State
Deerfield Beach, FL

Zip Country
33441 USA

Zip Country
33443-0818 USA

4. FEI Number 65-0276906
Applied For
Not Applicable

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

HERMAN, BRUCE
1401 EAST BROWARD BLVD STE 206
FT. LAUDERDALE FL 33301

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 _____ (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	P	<input type="checkbox"/> Delete
NAME	BRUSCINO, ROBERT	
STREET ADDRESS	418 NE 6TH AVE.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRUSCINO, CAROLYN	
STREET ADDRESS	418 NE 6TH AVE.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
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
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TITLE		<input type="checkbox"/> Delete
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		
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 964.782.8953
Date Daytime Phone #

CR2E034 (9/99)