

**DOCUMENT # S97027**

1. Entity Name

**NORTH EASTERN PROPERTIES INC.**

Principal Place of Business

Mailing Address

6053 MIRAMAR PARKWAY  
#207  
MIRAMAR FL 33023-39376053 MIRAMAR PARKWAY  
#207  
MIRAMAR FL 33023-3937

2. Principal Place of Business

3. Mailing Address

6043 A MIRAMAR PKWY

6051 MIRAMAR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

MIRAMAR FL 33023

MIRAMAR FL

Zip

Country

Zip

Country

33023

USA

33023

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KURUVILA, JOE  
6051 MIRAMAR PKWY.  
MIRAMAR FL 33023

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, 2001 Fee will be \$350.00**  
**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 ☐ Delete  
NAME D  
STREET ADDRESS KURUVILA, JOE  
CITY-ST-ZIP 6051 MIRAMAR PKWY.  
MIRAMAR FL 33023TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90006 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)