

2001 UNIFORM BUSINESS REPORT (UBR)

0006363 AF

DOCUMENT # L00000001822

1. Entity Name

SERVICES EXPORT IMPORT (SEI), L.C.

FILED

01 FEB 23 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

517 AVENUE B
MELBOURNE BEACH FL 32951

517 AVENUE B
MELBOURNE BEACH FL 32951

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAW OFFICES OF DOUGLAS JOVANOVIC, P.A.
17 SOUTHEAST 24TH AVE.
POMPANO BEACH FL 33062

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600003782676--9
-02/27/01--01081--002
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

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

TITLE NAME	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MEMBER PETIT, PIERRE STREET ADDRESS CITY-ST-ZIP		
517 AVENUE B MELBOURNE BEACH, FL 32951		
MEMBER SOLLOWAY, BEATRICE STREET ADDRESS CITY-ST-ZIP		
517 AVENUE B MELBOURNE BEACH, FL 32951		
TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Beatrice Solloway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/19/01

Date

321-409-88-00

Daytime Phone #

CR2E083 (11/00)