

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90102 004 ***150.00

DOCUMENT # P01000085873



1. Entity Name
SEJI, INC.

Principal Place of Business
**THE MALL AT WELLINGTON GREEN
10300 W. FOREST HILL BLVD., STE #105
WELLINGTON FL 33414**

Mailing Address
**THE MALL AT WELLINGTON GREEN
10300 W. FOREST HILL BLVD., STE #105
WELLINGTON FL 33414**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-1136273**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**ISTURIZ, WILFREDO
THE MALL AT WELLINGTON GREEN
10300 W. FOREST HILL BLVD., STE #105
WELLINGTON FL 33414**

Name **JOSE A ALVEZ**
Street Address (P.O. Box Number is Not Acceptable)
2053 VININGS CIR # 510
City **WELLINGTON FL** Zip Code **33414**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **04/17/03**

~~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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ALVEZ, JOSE A	
STREET ADDRESS	2053 VININGS CIR # 510	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALVEZ, SERGIO	
STREET ADDRESS	2053 VININGS CIR # 510	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	GM	<input type="checkbox"/> Delete
NAME	CAPACHO, ISABEL	
STREET ADDRESS	2053 VININGS CIR # 510	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

Date **04/17/03** SGI 6326154
Daytime Phone #

CR2E034 (10/02)