

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90013 014 \*\*\*558.75

**DOCUMENT # P98000093819**

1. Entity Name  
**SEMTOR, INC.**

Principal Place of Business  
**3040 UNIVERSAL BLVD.  
 WESTON FL 33331**

Mailing Address  
**3040 UNIVERSAL BLVD.  
 WESTON FL 33331**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3050 UNIVERSAL BLVD.**

3. Mailing Address  
**3050 UNIVERSAL BLVD.**

Suite, Apt. #, etc.  
**SUITE # 190**

Suite, Apt. #, etc.  
**SUITE # 190**

City & State  
**WESTON, FL**

City & State  
**WESTON, FL**

4. FEI Number **65-0874644**

Applied For  
 Not Applicable

Zip Country  
**33331 USA**

Zip Country  
**33331 USA**

5. Certificate of Status Destroyed  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**AMERICAN INFORMATION SERVICES, INC.  
 SUNTRUST INTERNATIONAL CENTER  
 ONE S.E. THIRD AVENUE, 28TH FLOOR  
 MIAMI FL 33131**

**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.

**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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GUBNITSKY, MARIA</b>	
STREET ADDRESS	<b>17351 S.W. 58TH STREET</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33331</b>	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>R. TODD JONES</b>	
STREET ADDRESS	<b>2755 N.W. 115<sup>th</sup> TERR.</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>	
TITLE	<b>VICE-PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHAYNE REEB</b>	
STREET ADDRESS	<b>3417 WATER OAKS DR</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAM DUDZIAK</b>	
STREET ADDRESS	<b>2430 N.E. 36<sup>th</sup> ST.</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT, FL 33064</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAROLD GUBNITSKY</b>	
STREET ADDRESS	<b>17351 S.W. 58<sup>th</sup> ST.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33331</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED** **DR. TODD JONES** **7/13/00** **(954) 349-4240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)