

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90040 032 ****61.25

DOCUMENT # N96000006189

1. Entity Name

SEBASTIAN ENTERPRISES, INC VOLUNTARY EMPLOYEE BE

Principal Place of Business

Mailing Address

1749 E. HALLANDALE BEACH BLVD
SUITE 134
HALLANDALE FL 33009
US

1749 E. HALLANDALE BEACH BLVD
SUITE 134
HALLANDALE FL 33009-4680
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1483408

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

KEIL, WAYNE

1749 E. HALLANDALE BEACH BLVD

SUITE 134 Suite 342
HALLANDALE FL 33009

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KEIL, WAYNE
STREET ADDRESS 1749 E. HALLANDALE BEACH BLVD, SUITE 134
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D ☐ Delete
NAME GREENBERG, STACY
STREET ADDRESS 1749 E. HALLANDALE BEACH BLVD, SUITE 134
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D ☐ Delete
NAME KEIL, ARLENE
STREET ADDRESS 1749 E. HALLANDALE BEACH BLVD, SUITE 134
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐
NAME
STREET ADDRESS Suite 342
CITY-ST-ZIP

TITLE ☒ Change ☐
NAME Keil, Stacy
STREET ADDRESS Suite 342
CITY-ST-ZIP

TITLE ☒ Change ☐
NAME
STREET ADDRESS Suite 342
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
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 617, 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: Wayne Alan Keil 1/16/00 954-497-1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C0004019



DO NOT WRITE IN THIS SPACE