

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 667621

1. Entity Name

SEB CONSULTATION AND SALES INCORPORATED

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90061 037 ***150.00

Principal Place of Business

5715 COCO PALM DRIVE
TAMARAC FL 33319

Mailing Address

5715 COCO PALM DRIVE
TAMARAC FL 33319-6114

2. Principal Place of Business

5715 Coco Palm Drive

Suite, Apt. #, etc.

TAMARAC, Fla.

City & State

33319

Zip

Country

3. Mailing Address

5715 Coco Palm Drive

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1985198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAFER, EDWARD
5715 COCO PALM DR
TAMARAC FL 33319

7. Name and Address of New Registered Agent

Name

~~SHEILA AARONSON~~

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

5715 COCO PALM DRIVE

5100 N FEDERAL HWY SUITE 409

City

LAUDERDALE

FL

Zip Code

33319

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, 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, 2000 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	SAFER, EDWARD	
STREET ADDRESS	5715 COCO PALM DRIVE	
CITY-ST-ZIP	TAMARAC FL	
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	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEILA AARONSON	
STREET ADDRESS	5715 COCO PALM DR	
CITY-ST-ZIP	TAMARAC FL 33319	
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		
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:

SHEILA AARONSON

Date

Daytime Phone #

CR2E034 (9/99)