

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 667621

1. Entity Name

SEB CONSULTATION AND SALES INCORPORATED

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90134 017 ***150.00

Principal Place of Business

5715 COCO PALM DRIVE
TAMARAC FL 33319

Mailing Address

5715 COCO PALM DRIVE
TAMARAC FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1985198

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

LEGER, LARRY
5100 N FEDERAL HWY
SUITE 409
FORT LAUDERDALE FL 33308

(SPELLING ERROR)

Name Larry Leger

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

5100 N. Federal Hwy. Suite 409

City Ft. Lauderdale, Fla.

FL

Zip Code 33308

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P. SAFER, EDWARD 5715 COCO PALM DRIVE TAMARAC FL ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD AARONSON, SHEILA 5715 COCO PALM DRIVE FORT LAUDERDALE FL 33319 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD SHEILA AARONSON 5705 Coco Palm Drive TAMARAC, Florida 33319 ☒ Change ☐ Addition

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

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

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

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

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 SHEILA AARONSON

Date 3-15-01

Daytime Phone # 954-485-3710

CR2E034 (10/00)