

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

0257860

DOCUMENT # H81501

03-28-2001 90211 024 ***150.00

1. Entity Name
SETASI, INC.

Principal Place of Business
3921 SW 47TH AVENUE
1002
FT. LAUDERDALE FL 33314
US

Mailing Address
3921 SW 47TH AVENUE
1002
FT. LAUDERDALE FL 33314
US

9 5 1 0 1 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5345 NW 108 Ave
 Suite, Apt. #, etc.

3. Mailing Address
5345 NW 108 Ave
 Suite, Apt. #, etc.

City & State
FT. LAUDERDALE FL
 Zip **33351** Country **US**

City & State
Fort Lauderdale, FL
 Zip **33351** Country **US**

4. FEI Number **59-2622905** 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

JONES, JOHN
4235 SW 111TH TERR
DAVE FL 33328

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD JONES, JOHN 4235 SW 111TH TERR DAVE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEFORE, ERNEST C. 2378 NE 28TH ST. LIGHTHOUSE POINT FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DEFORE, ERNEST C. 2378 NE 28TH ST. LIGHTHOUSE POINT FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: John Jones **John Jones** 3/26/01 954 748 7149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President

CR2E034 (10/00)