

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

102

03 JUN 21 PM 6:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # H81501**  
1. Entity Name  
**SETASI, INC.**

Principal Place of Business  
5345 NW 108 AVE  
FORT LAUDERDALE FL 33351  
US

Mailing Address  
5345 NW 108 AVE  
FORT LAUDERDALE FL 33351  
US



06/13/03 90059 040 \$150.00  
 CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

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  
**JONES, JOHN**  
**4235 SW 111TH TERR**  
**DAVIE FL 33328**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>VST</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, JOHN</b>	
STREET ADDRESS	<b>4235 SW 111TH TERR</b>	
CITY-ST-ZIP	<b>DAVIE FL 33328</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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/03** **954 7487149**  
Date Daytime Phone #

CR2E034 (1/01/02)



202

Kathy Ashton  
Florida Department of State  
PO Box 6327  
Tallahassee, FL 32314

Dear Miss Ashton,

20-June-2003

In reference to the letter I received today indicating a late payment is required for my annual filing, I am a bit confused.

The form and payment were mailed in mid April of 2003 and should have reached your office well before the May 1 deadline.

I am not certain why it took longer than May 1<sup>st</sup> to post the payment, but I do not believe I should be penalized if the Post Office takes more than two weeks to deliver mail within Florida.

Therefore, I do not believe I should owe a late fee and request that you have the corporate filing completed.

Is there some means of filing on-line using a credit card or bank draft to assure this does not occur again?

Thank you,

A handwritten signature in black ink, appearing to read "John Jones", written in a cursive style.

John Jones, Ph.D.  
President

Attachments: copy of Cover letter and original submission.