2003 FOR PROFIT CORPORATION

03 JUN 31 PM 6: 18 UNIFORM BUSINESS REPORT (UBR H81501 **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Entity Name SETASI, INC. Mailing Address 5345 NW 108 AVE Principal Place of Business 5345 NW 108 AVE FORT LAUDERDALE FL 33351 FORT LAUDERDALE FL 33351 2. Principal Place of Business 3. Mailing Address 06/13/03 90059 040 \$15000 check here if making changes Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2622905 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONES, JOHN Street Address (P.O. Box Number is Not Acceptable) 4235 SW 111TH TERR DAVIE FL 33328 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 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 8. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE Addition 3R2E034 (10/02) TITLE Change JONES, JOHN NAME NAME 4235 SW 111TH TERR STREET ADORESS STREET ADDRESS DAVIE FL 33328 CITY-ST-ZE CITY-ST-ZIP TITLE ☐ Change ☐ Addition TILLE C) Celete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP C Delete Change [] Addition BILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-51-20 CITY-ST-ZIP TITLE C Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 chapted, or on an attachment with an edderate with all other like empowered. SIGNATURE:





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 1st 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,

John Jones, Ph.D.

President

Attachments: copy of Cover letter and original submission.