200	2 UNIFORM BUS	INESS REPO	RT (UB	R)			
DOCU 1. Entity Nar	MENT # M253	40	હ				
,S.E.J. M/	ANAGEMENT GROUP, INC.						
Principal Place of Business 3864 SHERIDAN STREET HOLLYWOOD FL 33021 US		Mailing Address 3864 SHERIDAN STREET HOLLYWOOD FL 33021 US			02 OCT -4 PM 4: 32 SECRETARY OF STATE		
2. Principal Place of Business		3. Mailing Address				Q1814 07814 81814 81011 8	1011 61811 1601
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number 65-0174175	- 	pplied For at Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Regis	tered Agent	
3864 SHE	iarshall d Eridan Street OOD FL 33021		· — Street Address (RENCE A. BLACK PENNER IS NOT ACCORDED TO DINTE 9		
110		City		ocy	Y WOOD FL Zip Code		
9. This corporate filling	signature, typed or printed name of registered agent or attion is eligible to satisfy its Intangible requirement and elects to do so.	and title if applicable. (NOTE:	Registered Agent signal FEE IS \$150.02 Fee will be \$5	Ore required when n		DATE \$5.0	0 May Be
11.	OFFICERS AND	DIRECTORS	12.	Ar	L DDITIONS/CHANGES TO OFFICER	S AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PLATT, MARSHALL D 3864 SHERIDAN STREET HOLLYWOOD FL 33021	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD S BLOCH, 1919 H	, LAWRENCE Plunkett St., Ur wood, FL 33020	☐ Change	* Addition
TITLE NAME Street address City-St-Zip	PTD XMEDIXALEXANDER XX 1351 S.W. 74TH TERRACE PLANTATION FL	⊠ Delete	NAME STREET ADDRESS CITY-ST-ZIP		MARSHALL D. Sterican Street vood FL 33021	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MBLX, XEILBENIX 1351 S.W. 74TH TERRACE PLANTATION FL	Ö Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP		700008602 10/25/02-01121-01	□ Change □ □ 2 7 1 **4(1).()	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		700008602 10/25/020112101	□ Change 2327 2 **150.0	Addition
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		$\Lambda \cap$	Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/98

305-742-819⁶

Daytime Phone