

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90051 033 \*\*\*150.00

**DOCUMENT #** P00000116562

**1. Entity Name**  
**SETAI, INC.**

**Principal Place of Business**  
 10501 NW 7TH AVE.  
 MIAMI FL 33150

**Mailing Address**  
 10501 NW 7TH AVE.  
 MIAMI FL 33150



**2. Principal Place of Business**  
 11451 N.W. 36th Avenue  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 11451 N.W. 36th Avenue  
 Suite, Apt. #, etc.

**City & State**  
 Miami, Florida

**City & State**  
 Miami, Florida

**Zip** 33167 **Country** U.S.

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DO NOT WRITE IN THIS SPACE

**4. FEI Number** 98-0050977 **Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 FELDMAN, BENNETT G  
 2655 LEJEUNE RD., #508  
 CORAL GABLES FL 33134

**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.**

**SIGNATURE** *[Signature]* **DATE** 1/8/02

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.**  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 D SASSON, ZAKAY 10501 NW 7TH AVE. MIAMI FL 33150	<input type="checkbox"/> Delete	TITLE NAME D SASSON, ZAKAY 11451 N.E. 32nd Avenue Eastern Shores, FL. 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D FEFER, ENRIQUE 10501 NW 7TH AVE. MIAMI FL 33150	<input type="checkbox"/> Delete	TITLE NAME D FEFER, ENRIQUE 19333 Collins Avenue, Apt 1708 Sunny Isles Beach, FL, 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:** *[Signature]* **DATE** 01/17/02 **Daytime Phone #** 305-6326439

SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)