

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000065645

1. Entity Name

SEJO'S MEDICAL SERVICES, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90700 001 *****8.75

06-16-2002 90700 002 ***550.00

Principal Place of Business

1455 NW 14TH ST
 MIAMI LAKES FL 33125

Mailing Address

1455 NW 14TH ST
 MIAMI LAKES FL 33125

2. Principal Place of Business

1723 West 37 ST

Suite, Apt. #, etc.

#14

City & State

Hialeah, FL

Zip

33012

Country

United States

3. Mailing Address

1723 West 37 ST

Suite, Apt. #, etc.

#14

City & State

Hialeah, FL

Zip

33012

Country

United States

4. FEI Number

65119724

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SEJO, EMILIO R
 1455 NW 15TH ST
 MIAMI LAKES FL 33125

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PVST
 SEJO, EMILIO R
 1455 NW 14TH ST
 MIAMI LAKES FL 33125

☐ Delete

TITLE
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 MIAMI LAKES FL 33125

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/14/02 (305) 827-6864

013885 AV

CR2034 (9/01)

93048



DO NOT WRITE IN THIS SPACE