

From:



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90350 023 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000073581

1. Entity Name
SEBRAM INVESTMENTS, INC.



Principal Place of Business
**6423 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308**

Mailing Address
**6423 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308**

11036728



2. Principal Place of Business

3. Mailing Address

Subs. Apt. #, etc.

Subs. Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FRI Number

65-1122435

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIN, EDMUND
6423 N FEDERAL HWY
FORT LAUDERDALE, FL 33308**

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

Signature of registered agent of the corporation and title, if applicable

(NOTE: Registered Agent's title is required when necessary)

DATE

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

Delete

TITLE
PSD
NAME
CHIN, EDMUND P
STREET ADDRESS
6423 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP
FORT LAUDERDALE, FL 33308

Delete

TITLE
VTD
NAME
HEW, KAREN
STREET ADDRESS
6423 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP
FORT LAUDERDALE, FL 33308

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

I hereby certify that the information furnished hereon is true and correct to the best of my knowledge and belief, 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 trustee empowered to execute this report as required by Chapter 677, Florida Statutes, and that my name appears in Block 10 or Block 11 of this report.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4/28/03

Date

Day of Month

CREATED BY: [unclear]