

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90145 032 ***150.00

CR2E034 (10/02)

DOCUMENT # P02000018524

1. Entity Name
SETH INTERNATIONAL HOLDINGS LIMITED, INC.



Principal Place of Business
**5985 S UNIVERSITY DR #118
DAVIE FL 33328**

Mailing Address
**5985 S UNIVERSITY DR #118
DAVIE FL 33328**



2. Principal Place of Business
1844 N NOB HILL ROAD

3. Mailing Address
1844 N NOB HILL RD

Suite, Apt. #, etc.
#214

City & State
PLANTATION, FL

CHECK HERE IF MAKING CHANGES

Zip
33322

Country
USA

4. FEI Number
75-3014468

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

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

GREN, ALEXANDER
5985 S UNIVERSITY DR #118
DAVIE FL 33328

7. Name and Address of New Registered Agent

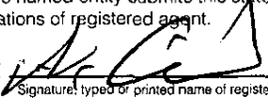
Name

Street Address (P.O. Box Number is Not Acceptable)
1844 N-NOB HILL ROAD

#214

City **PLANTATION** FL Zip Code **33322**

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  DATE **4/14/03**

(NOTE: Registered Agent signature required when reinstating)

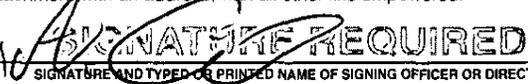
FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREN, ALEXANER 5985 S UNIVERSITY DR #118 DAVIE FL 33328 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROFE, MEIR 5985 S UNIVERSITY DR #118 DAVIE FL 33328 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1844 N NOB HILL ROAD, #214 PLANTATION, FL 33322
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED DATE **4/14/03** DAYTIME PHONE #