## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

**DOCUMENT #** 

P93000018067

1. Entity Name

SESIN INTERNATIONAL CORP.



**FILED** Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90104 041 \*\*\*150.00

rincipal Place of Business  328 SW 6 STREET  IAMI FL 33143  S		Mailing Address 8926 SW 6 STREET MIAMI FL 33143 US								
. Principal Place of Business		3. Mailing Address					##### <b>#</b> ##############################	is istan inter unter der.	II ÁBBE IBBE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FE	El Number 65-0397752			lied For Applicable	
Zip Country		Zip Count		ry .	<b>5.</b> Ce	Certificate of Status Desired		Fee Required		
	S. Normand Address of Curre	drose of Current Registered Agent			7. Name and Address of New Registered Agent					
6. Name and Address of Current Registered Agent					Name					
JOSE L. SESIM 7764 SW 57TH TERRACE				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33143  3. The above named entity submits this statement for the purpose of changing its reg				City		hash in the Ctote of	_	Zip Code		
the obligation	named entity submits this statemen ons of registered agent.  Signature, typed or printed name of registered ag				e required when rein		DAT			
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Department	00 It of State				<ol> <li>Election Campaig Trust Fund Contrib</li> </ol>	oution.	Added	May Be to Fees	
		ND DIRECTORS	11.		ADI	DITIONS/CHANGES TO	OFFICERS A	ND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SESIN, JOSE L 17764 SW 57TH TERR	☐ Delete		l l	P SESIN, 8928 S MIAMI	JOSE L W & ST , FL 33174		Change Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	_					☐ Change	Addition	
TITLE NAME		Delete		_			· <del></del>	Change	Addition	

CITY-ST-ZIP CITY-ST-ZIP 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 the provided in the corporation of the corporation of the receiver or trustee empowered.

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