2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

1. Entity Nat	MENT # P96	000045124 SEMENT SERVICES, INC.			03 JUN 28 AM 7: SECRETARY OF STALLAHASSEE FLOOR		1
	ce of Business 37TH AVENUE 3186 US	Mailing Address FO BOX 221130 HOLLWOOD, FL 33022			1 15511561 HE LEVE STILL		(4 11 11) mini (4 1
2. Principal Place of Business 3. Mailing Address 13205 5 w			1. 137th AVE	vué			
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc		☐ CHECK HERE IF MAKING CHANGES		
City & Sta	te	City & State	City & State MIGINI		4. FEI Number 65-0667335	65-0667335 Applied For Not Applicable	
Zip i	Country	zip 33186	Country U - S -	A - 2	5. Certificate of Status Desired	S8.75 Ad Fee Require	iditional ed
		ss of Current Registered Agent	Name		7. Name and Address of New Ro	* . • •	
KAHN, JAN 1940 HARR MEZZAMINI	TÉ NOSK		Street Ad		D. Box Number is Not Acceptable		
HOLLYWO	OD, FL 33020	,	1991	WA	ASHINGTIN AVEN	<u></u>	
			City	MIAI	MI BEACH	FL Zp Coo	33139
8. The shove 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, system or primed name of possible and again, and title 2 applicable. (NOTE: Registered Apenta system equived when reinstating) Ob / 3 o / 6 3 OATE							
Afte	\$159.00 & \$550.00 epartment of State			Election Campaign Fine Trust Fund Contribution		00 May Be d to Fees	
10.		FICERS AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAHN, JAMES W 101 N OCEAN DR S' HOLLYWOOD, FL S		TITLE NAME STHEET ADDRESS CITY-ST-ZIP		90002109 06/23/0301128	0169 803 **550.0	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAHN JAM 137055W 13	□ Delete ES W· 7 th AUENNE, ShITE 136 LOP-10A 33186	TITLE NAME STREET ADDRESS CSY+ST-ZIP		3 1	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAKN, DIAN	Delete	TITLE NAME STREET ADDRESS CRY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	_ Addition
TITLE NAME STREET ADDRESS CITY-ST-2P		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	∏ Ad∉tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	□ Delete	TITLE RAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3XI). Florida Statutes, I further certify that the information indicated on this report or supplied regarding that 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 receive for 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: Ob / 70/03 305.531.1174							
~.~!*	SIGNATURE	AND TYPED OR PRINTED WARLE OF SIGNING OFFICER O	R DIRECTOR		Oate	Oayuma Phone #	

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