

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90045 007 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000090526			
1. Entity Name SESU, INC.			
Principal Place of Business 17048 CASTLEBAY COURT BOCA RATON FL 33496 US		Mailing Address 17048 CASTLEBAY COURT BOCA RATON FL 33496 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0705028		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHLOSSBERG, JACK 17048 CASTLEBAY COURT BOCA RATON FL 33496		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 _____ (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. <input type="checkbox"/> (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS D <input type="checkbox"/> Delete SCHOLOSSBERG, PHYLLIS 17048 CASTLEBAY COURT BOCA RATON FL 33496		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: <i>[Signature]</i>		Date <i>1-5-01</i> Daytime Phone # <i>561 411 0251</i>	