

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90141 039 \*\*\*150.00

DOCUMENT # P97000015550

1. Entity Name

\*SEPT: EDUCATIONAL SERVICES, CONSULTANTS, & AND

Principal Place of Business

Mailing Address

290-174TH STREET  
 #2417  
 BEACH FL 33160

290-174TH STREET  
 #2417  
 MIAMI BEACH FL 33160-3258

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State MIAMI BCH, FL

City & State MIAMI BCH, FL

4. FEI Number 65-0781401

Applied For  
 Not Applicable

Zip 33160

Country DADE

Zip 33160

Country USA

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

6. Name and Address of Current Registered Agent

PULLEN, SHEILA V  
 290-174TH STREET  
 PH 2417  
 MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name N/A - SAME Registered Agent (NO Change)  
 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

Signature, typed or printed name of registered agent and title if applicable.

(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. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE P NAME CAESAR, RUFUS STREET ADDRESS 290 174TH ST PH 2417 CITY-ST-ZIP MIAMI BEACH FL 33160 <input type="checkbox"/> Delete	TITLE P NAME CAESAR, SHEILA * STREET ADDRESS CAESAR, RUFUS CITY-ST-ZIP 290-174TH STREET MIAMI BEACH, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE MD NAME BOLDEN, RHONDA L.H. STREET ADDRESS 290-174TH ST PH 2417 CITY-ST-ZIP MIAMI FL 33160 <input type="checkbox"/> Delete	TITLE MD NAME BOLDEN, RHONDA + Demetrius Bolden STREET ADDRESS 290-174TH ST PH 2417 CITY-ST-ZIP MIAMI FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME TOWNES, DIANE STREET ADDRESS 290 ;174TH ST PH 2417 CITY-ST-ZIP MIAMI BEACH FL 33160 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME PULLEN, SHEILA CAESAR STREET ADDRESS 290 174TH ST PH2417 CITY-ST-ZIP MIAMI BEACH FL 33160 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE C NAME HARRIS, VANESSA E.S. STREET ADDRESS 290-174TH ST. 2417 CITY-ST-ZIP MIAMI FL 33160 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME ZENA, GOTTO STREET ADDRESS 290-174TH ST. CITY-ST-ZIP MIAMI BCH FL 33160 <input checked="" type="checkbox"/> Delete	TITLE VP NAME ANDREW J. BEASON STREET ADDRESS 290-174TH STREET CITY-ST-ZIP MIAMI BCH, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E034 (9/99)

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: Sheila Caesar Pullen Sheila Caesar Pullen 3/17/00 (813) 466-9167  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

THANKS!

P99000015550

SINCERELY,

*Sheila Caesar*  
SHEILA CAESAR

~~Attachment~~

728440

Note: please include the name (addition)  
Teacher Placement Services  
on all documents for the  
Company.

— Thanks Again!