

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90747 001 *****8.75
 05-22-2001 90747 002 ***150.00

DOCUMENT # **P97-0000 15550** ✓
 1. Entity Name
SEPT. EDUCATIONAL SERVICES, CONSULTANTS & AND PERFORMANCE TROUPE, INC.

Principal Place of Business Mailing Address
NEW ADDRESS:
19630 N.E. 23rd AVENUE
NORTH MIAMI BEACH, FL 33180

2. Principal Place of Business 3. Mailing Address
19630 N.E. 23rd AVENUE **19630 N.E. 23rd AVENUE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
19630 **19630**
 City & State City & State
NORTH MIAMI BEACH, FL **NORTH MIAMI BEACH, FL**
 Zip Country Zip Country
33180 **DADE** **33180** **DADE**

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SHEILA V. CAESAR
19630 N.E. 23rd AVENUE
NORTH MIAMI BEACH, FL 33180

7. Name and Address of New Registered Agent
 Name **S. VERONICA CAESAR**
 Street Address (P.O. Box Number is Not Acceptable) **19630 N.E. 23rd AVENUE**
NORTH MIAMI BEACH, FL 33180
 City **Miami-NMB, FL** Zip Code **33180**

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 **Sheila V. Caesar** DATE **4/27/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete THERE ARE NO CHANGES AT THIS TIME.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ALL INFO. IN YOUR FILES ARE THE SAME AS WHEN PREVIOUSLY SUBMITTED!
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 " " " "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete " " " "

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 " " "
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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 " " "

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 V. Caesar** DATE **4/27/01** DAYTIME PHONE # **(305) 937-7644**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)