

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013901

1. Entity Name

SAJEN, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90131 045 ***150.00

Principal Place of Business: 169 E FLAGLER ST STE 1600 MIAMI FL 33131
 Mailing Address: 169 E FLAGLER ST STE 1600 MIAMI FL 33131-1211



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0841486**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, ELLIOTT
 111 SW 3 STRET 6THFL
 MIAMI FL 33130

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

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

TITLE PD Delete
 NAME RESSLER, JEFFREY
 STREET ADDRESS 169 E FLAGLER ST #1600
 CITY-ST-ZIP MIAMI FL 33131

TITLE Change Additio
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD Delete
 NAME RESSLER, VIVIEN
 STREET ADDRESS 169 E FLAGLER ST #1600
 CITY-ST-ZIP MIAMI FL 33131

TITLE Change Additio
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME HARRIS, ELLIOTT
 STREET ADDRESS 111 SW 3 ST 6FL
 CITY-ST-ZIP MIAMI FL 33130

TITLE Change Additio
 NAME T LINDENFELD DANYA
 STREET ADDRESS 169 E. FLAGLER ST. #1600
 CITY-ST-ZIP MIAMI, FL. 33131

TITLE T Delete
 NAME LINDENFELD, DANYA
 STREET ADDRESS 169 E FLAGLER STE #1600
 CITY-ST-ZIP MIAMI FL 33131

TITLE Change Additio
 NAME S LINDENFELD DANYA
 STREET ADDRESS 169 E. FLAGLER ST. #1600
 CITY-ST-ZIP MIAMI, FL. 33131

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Additio
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Additio
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Danya Lindenfeld

Date: 2/7/00 Daytime Phone #: (305) 374367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #