

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081070

1. Entity Name

SEPT. 22, INC.

Principal Place of Business

2034 NE 155TH ST
N MIAMI BEACH FL 33162

Mailing Address

2034 NE 155TH ST
N MIAMI BEACH FL 33162

Cherry

2. Principal Place of Business

2046 N.E. 155th ST.

3. Mailing Address

2046 NE 155th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH, FL

City & State

N. MIAMI BEACH, FL

Zip

33162

Country

[REDACTED]

Zip

33162

Country

4. FEI Number

52-2202220

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

NELSON, RICHARD
2034 NE 155TH ST
N MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

Richard Nelson

Street Address (P.O. Box Number is Not Acceptable)

2046 N.E. 155th ST.

City

N. MIAMI BEACH

FL

Zip Code 33162

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 7/12/2001

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 State10. 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

CR2034 (10/00)

TITLE D Delete
NAME NELSON, RICHARD
STREET ADDRESS 2046 NE 155th ST.
CITY-ST-ZIP N MIAMI BEACH FL 33162TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
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CITY-ST-ZIPTITLE Change Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/2001

Date

Daytime Phone #