

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90215 001 \*\*\*300.00

**DOCUMENT # P99000001141**

1. Entity Name  
**SEJ FINANCIAL SERVICES, INC.**

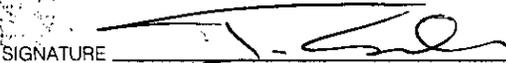
Principal Place of Business <del>1150 KANE CONCOURSE</del> <del>SUITE 400</del> BAY HARBOR ISLAND FL 33154-2046	Mailing Address <del>1150 KANE CONCOURSE</del> <del>SUITE 400</del> BAY HARBOR ISLAND FL 33154-2046
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2. Principal Place of Business <b>1111 KANE CONCOURSE</b> Suite, Apt. #, etc. <b>211</b>	3. Mailing Address <b>1111 KANE CONCOURSE</b> Suite, Apt. #, etc. <b>211</b>
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City & State <b>BAY HARBOR ISL, FL</b>	City & State <b>BAY HARBOR ISL, FL</b>	4. FEI Number <b>65-0887040</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33154-2040</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <del>SALVER, ISRAEL</del> <del>1150 KANE CONCOURSE</del> <del>SUITE 400</del> MIAMI FL 33154	7. Name and Address of New Registered Agent Name <b>ISAAC SALVER</b> Street Address (P.O. Box Number is Not Acceptable) <del>1111 KANE CONCOURSE</del> <b>SUITE 211</b> City <b>BAY HARBOR ISLANDS FL</b> Zip Code <b>33154</b>
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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:  **ISAAC SALVER** 1/26/01  
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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>SALVER, ISAAC</b> <del>1150 KANE CONCOURSE</del> <del>BAY HARBOR ISLAND FL 33154-2046</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>ISAAC SALVER</b> <b>1111 KANE CONCOURSE #211</b> <b>BAY HARBOR ISLANDS, FL 33154</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SETH SALVER</b> <b>9755 BROADVIEW TERR</b> <b>BAY HARBOR ISLANDS, FL 33154</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ELIJAH SALVER</b> <b>9755 BROADVIEW TERR</b> <b>BAY HARBOR ISLANDS, FL 33154</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JESSE SALVER</b> <b>9755 BROADVIEW TERR</b> <b>BAY HARBOR ISLANDS, FL 33154</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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:  **ISAAC SALVER** 1/26/01 864-7888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE034 (10/00)