

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001141

1. Entity Name
SEJ FINANCIAL SERVICES, INC.

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

02-02-2001 90215 001 ***300.00

Principal Place of Business Mailing Address
~~1150 KANE CONCOURSE~~
~~SUITE 400~~
BAY HARBOR ISLAND FL 33154-2046
~~1150 KANE CONCOURSE~~
~~SUITE 400~~
BAY HARBOR ISLAND FL 33154-2046

2. Principal Place of Business 3. Mailing Address
1111 KANE CONCOURSE
Suite, Apt. #, etc. Suite, Apt. #, etc.
211
211

City & State City & State
BAY HARBOR ISL, FL
Zip Country Zip Country
33154-2040 **33154-2040**

4. FEI Number **65-0887040** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

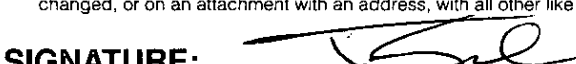
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
~~ISRAEL, ISRAEL~~
~~1150 KANE CONCOURSE~~
~~SUITE 400~~
~~MIAMI FL 33154~~
Name **ISAAC SALVER**
Street Address (P.O. Box Number is Not Acceptable)
~~1111 KANE CONCOURSE~~
SUITE 211
City **BAY HARBOR ISLANDS** FL Zip Code **33154**

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) ☒ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVER, ISAAC		NAME	ISAAC SALVER	
STREET ADDRESS	1150 KANE CONCOURSE		STREET ADDRESS	1111 KANE CONCOURSE #211	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154-2046		CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SETH SALVER	
STREET ADDRESS			STREET ADDRESS	9755 BROADVIEW TERR	
CITY-ST-ZIP			CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ELIJAH SALVER	
STREET ADDRESS			STREET ADDRESS	9755 BROADVIEW TERR	
CITY-ST-ZIP			CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JESSE SALVER	
STREET ADDRESS			STREET ADDRESS	9755 BROADVIEW TERR	
CITY-ST-ZIP			CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  1/26/01 864-7888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)