2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P9900001141 **DOCUMENT #**

1. Entity Name

SEJ FINANCIAL SERVICES, INC.



FILED Feb 28, 2003 8:00 am Secretary of State 02-28-2003 90426 001 ***300.00

Principal Place of Business 1111 KANE CONCOURSE 211 BAY HARBOR ISLAND FL 33154-2046 2. Principal Place of Business			Mailing Address 1111 KANE CONCOURSE 211 BAY HARBOR ISLAND FL 33154-2046					55012620					
Suite, Apt.		Suite, Apt. #, etc.											
ound, Apr.	w, 010.	33.6, 1,20.4, 30.					☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State					4. FEI Numi	ber 65-08870	40	•	-	pplied For ot Applicable
Zip	Zip Country			Zip Cour			!	5. Certificate of Status Desired				lditional	
	6. Name and			- 7	7. Name an	d Address of Ne	w Registered	Age	nt. ~				
1011001	LLEO					Name			•				
ISAAC SA	lver E concourse					Street Address (P.O. Box Number is Not Acceptable)							
SRE 211	L CONCOCNOL												
MIAMI FL	33154	•								F	П	Zip Cod	le
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
F After Make Check						lection Campaign				00 May Be d to Fees			
10.		OFFICERS AND	DIRECTO		11.			ADDITIONS	S/CHANGES TO C	OFFICERS AN	ID DIF	RECTOR	S IN 11
TITLE NAME Street Address City-St-Zip		ONCOURSE STE # ISLAND FL 33154		☐ Delete		1						Change -	☐ Addition
TITLE Name Street address City-St-Zip	D SALVER, SETH 9755 BROADVI MIAMI FL 3315	ew terr.		☐ Delete		1						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALVER, ELIJA 9755 BROADVI MIAMI FL 3315	EW TERR		□ Delete ~		1	·	-	·	J .		*Change*	Addition .
	D SALVER, JESS 9755 BROADVI MIAMI FL 3315	ew terr		□ Delete								Change	☐ Addition
TITLE Name Street address City-St-Zip				☐ Delete								Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ortifu that the inf-	mation supplied with	thin fills	☐ Delete	CITY	ET ADDRESS -ST-ZIP	d in Coord	20 110 07/0	VO Florida Char	16 mile		Change	Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #