

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90136 021 \*\*\*150.00

**DOCUMENT # V14377**

1. Entity Name

**SEJATI ENVIRONMENTAL TRADING CO., INC.**

Principal Place of Business

Mailing Address

**500 S.W. 21 TERR.  
 BLDG A 104  
 FT. LAUDERDALE FL 33312  
 US**

**1330 SW 10 ST.  
 FT. LAUDERDALE FL 33312  
 US**

**924106**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0324251**

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

**SIMMONS, EDWARD  
 1330 S W 10TH STREET  
 FT LAUDERDALE FL 33312**

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, 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          | <b>D</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>SCHEELE, LESLEY</b>      |  |
| STREET ADDRESS | <b>1330 S W 10TH STREET</b> |  |
| CITY-ST-ZIP    | <b>FT LAUDERDALE FL</b>     |  |
| TITLE          | <b>DP</b>                   | <input type="checkbox"/> Delete            |
| NAME           | <b>SIMMONS, EDWARD</b>      |  |
| STREET ADDRESS | <b>1330 S.W. 10TH ST.</b>   |  |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL</b>    |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          | <b>SECRETARY</b>                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>ELLEN GIOSEFFI</b>             |  |
| STREET ADDRESS | <b>5417 Gardenhill Cir.</b>       |  |
| CITY-ST-ZIP    | <b>WEST PALM BEACH, FL. 33415</b> |  |
| TITLE          | <b>VICE PRESIDENT</b>             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>LINDA ALTMAN</b>               |  |
| STREET ADDRESS | <b>1830 FOURTH ST.</b>            |  |
| CITY-ST-ZIP    | <b>NEPTUNE BEACH, FL. 32266</b>   |  |
| TITLE          | <b>TREASURER</b>                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>GEORGE JOHNSTON</b>            |  |
| STREET ADDRESS | <b>178 Adobe CASA COURT</b>       |  |
| CITY-ST-ZIP    | <b>TAVERNIER, FL. 33070</b>       |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Edward Simmons* **EDWARD SIMMONS**

Date

Daytime Phone #

**1-29-01 904791883-**

CR2E034 (10/00)