

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90037 018 \*\*\*150.00

**DOCUMENT # V14377**

1. Entity Name  
**SEJATI ENVIRONMENTAL TRADING CO., INC.**

Principal Place of Business  
**500 S.W. 21 TERR.  
 BLDG A 104  
 FT. LAUDERDALE FL 33312  
 US**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 14788**  
 Suite, Apt. #, etc.

City & State  
**FT LAUD**

4. FEI Number **65-0324251** Applied For  
 Not Applicable

Zip **FL 33302** Country **USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SIMMONS, EDWARD  
 1330 S W 10TH STREET  
 FT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent  
 Name **Edward Simmons**  
 Street Address (P.O. Box Number is Not Acceptable)  
**500 SW 21 TERR. A-104**  
 City **FT LAUD** Zip Code **FL 33312**

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 *Edward Simmons* DATE **01-30-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP SIMMONS, EDWARD 1330 S.W. 10TH ST. FT. LAUDERDALE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GIOSEFFI, ELLEN 5417 GARDENHILL CIR WEST PALM BEACH FL 33415</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ALTMAN, LINDA 1820 FOURTH STREET NEPTUNE BEACH FL 32266</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T JOHNSTON, GEORGE 178 ADOBE CASA COURT TAVERNIER FL 33070</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO Box 14788 FT LAUD., FL 33302</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6220 FLAGLER ST HOLLYWOOD, FL 33023</b>
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"/> Change <input type="checkbox"/> Addition
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)(l), 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: *Ellen Gioseffi* DATE: **1/30/02** PHONE: **954-791-9933**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)