

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90135 002 ***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
**500 S.W. 21 TERR.
BLDG A 104
FT. LAUDERDALE FL 33312
US**



2. Principal Place of Business

3. Mailing Address

PO Box 14788

Suite, Apt. #, etc.
FORT LAUDERDALE
City & State
FLORIDA

Suite, Apt. #, etc.
BLDG A-105
City & State

Zip Country

Zip Country
33302 USA

4. FEI Number **65-0324251**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SIMMONS, EDWARD
500 SW 21 TERRACE
A 104
FT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Edward Simmons*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **SIMMONS, EDWARD**
STREET ADDRESS **PO BOX 14788**
CITY-ST-ZIP **FORT LAUDERDALE FL 33302**

TITLE **S** ☐ Delete
NAME **ELLEN, GIOSEFFI**
STREET ADDRESS **6220 FLAGER STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33415**

TITLE **VP** ☐ Delete
NAME **ALTMAN, LINDA**
STREET ADDRESS **1820 FOURTH STREET**
CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

TITLE **T** ☐ Delete
NAME **JOHNSTON, GEORGE**
STREET ADDRESS **178 ADOBE CASA COURT**
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33302**

TITLE ☒ Change ☐ Addition
NAME **Ellen GioSEFFI**
STREET ADDRESS
CITY-ST-ZIP **33023**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ellen Gioseffi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/03 954-791-9933

CR2E034 (10/02)