

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90103 018 ****61.25

DOCUMENT # N94000000027

1. Entity Name
SERAPHIC, INC.

Principal Place of Business Mailing Address
 550 S.W. 12TH AVE. 550 S.W. 12TH AVE.
 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0469691 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

PRICE, DAVID T
550 S.W. 12 AVE.
DEERFIELD BEACH FL 33442

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 *David T. Price* DATE **4/17/02**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, DAVID T	
STREET ADDRESS	550 S.W. 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, WILLIAM REV.	
STREET ADDRESS	2292 WILTON DRIVE	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FONTAINE, KENNETH	
STREET ADDRESS	2292 WILTON DRIVE	
CITY-ST-ZIP	WILTON MANORS FL 33305	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONINA, GRACE	
STREET ADDRESS	10105 UMBERLAND PLACE	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMKISSOON, FR. GREGORY	
STREET ADDRESS	1 MAHOE DRIVE BOX 267	
CITY-ST-ZIP	KINGSTON 11, JAMAICA W.I.	
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		

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 617, 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: *David T. Price* **REQUIRED**

4-17-02 954-421-9399

CR2E037 (9/01)