

FILED
Aug 13, 2002 8:00 am
Secretary of State

05-14-2002 90507 001 ***750.00

**FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 200000116076
1. Entity Name

Seres Corp. ✓

DO NOT WRITE IN THIS SPACE

41370

2. Principal Place of Business 1340 Pennsylvania Ave. Sub. Apt. #, etc. #17 City & State Miami Beach, FL Zip 33139 Country		3. Mailing Address 1340 Pennsylvania Ave. Sub. Apt. #, etc. #17 City & State Miami Beach, FL Zip 33139 Country	
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4. FEI Number 20-0000274	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent Name: Olga-Cristina-Altamirano Street Address: 1340 Pennsylvania Ave. #17 City & State: Miami Beach, FL Zip: 33139	
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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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 31 Fee is \$100.00 After May 1 Fee is \$350.00 Annual UBR is \$41.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
Emiliano Humberto Andino 1340 Pennsylvania Ave. #17 Miami Beach, FL 33139	
Sonia Cristina Di Paola 1340 Pennsylvania Ave. #17 Miami Beach, FL 33139	

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 of the corporation; and that my name appears in Block 11 or on an attachment with an address, and all other information required.

SIGNATURE: *[Signature]*
REGISTERED AGENT OR REGISTERED NAME OF REGISTERED OFFICER OR DIRECTOR

Date: _____ Daytime Phone: _____