

FOR PROFIT CORPORATION 03 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116076
1. Entity Name
 SERES CORP.



FILED
 03 MAY -7 AM 11:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4000 PONCE DE LEON BLVD. <small>Suite, Apt. #, etc.</small> SUITE: 470 <small>City & State</small> CORAL GABLES, FL	3. Mailing Address 4000 PONCE DE LEON BLVD. <small>Suite, Apt. #, etc.</small> SUITE: 470 <small>City & State</small> CORAL GABLES, FL
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DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0000274	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<small>Zip</small> 33146	<small>Country</small>	<small>Zip</small> 33146	<small>Country</small>
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

<small>Name</small> ARTURO PALACIOS
<small>Street Address (P.O. Box Number is Not Acceptable)</small> 4000 PONCE DE LEON BLVD. SUITE: 470
<small>City</small> CORAL GABLES <small>FL</small> <small>Zip Code</small> 33146

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 *Arturo Palacios* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	(D) ARTURO PALACIOS 4000 PONCE DE LEON BLVD. SUITE: 470 CORAL GABLES, FL 33146
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Arturo Palacios* Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATION (12/02)

gr 5/7