

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.

3. Mailing Address
4000 PONCE DE LEON BLVD.

Suite, Apt. #, etc.
SUITE: 470

Suite, Apt. #, etc.
SUITE: 470

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

4. FEI Number 20-0000274

Applied For
Not Applicable

Zip
33146

Country

Zip
33146

Country

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

7. Name and Address of Current Registered Agent

Name ARTURO PALACIOS

Street Address (P.O. Box Number is Not Acceptable)

4000 PONCE DE LEON BLVD. SUITE: 470

City CORAL GABLES

FL

Zip Code
33146

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME (D) ARTURO PALACIOS
STREET ADDRESS 4000 PONCE DE LEON BLVD. SUITE: 470
CITY - ST - ZIP CORAL GABLES, FL 33146

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2003-0 (12/02)

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