## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

1. Entity Name

DOCUMENT # P02000108277

SEITA, INC.

Principal Place of Business 1500 49TH. STREET SOUTH

Mailing Address

1500 49TH. STREET SOUTH ST. PETERSBURG FL 33707 Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90152 003 \*\*\*150.00



| Sulte, Apil. #, etc.   Suite, Apil. #, etc.   Suite, Apil. #, etc.   City & State   A. FEI Number   CHECK HERE IF MAKING CHANGES   Applie   City & State   A. FEI Number   Check Here IF MAKING CHANGES   Applie  | ST. PETERSBURG FL 33707                |                                    | ST. PETERSBURG FL 33707                |                     |                      |               |  |                              |  |  |      |  |
|---|--|------------------------------------|--|---------------------|----------------------|---------------|--|------------------------------|--|--|------|--|
| City & State  Country  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Succepticate of Status Desirco   7. Name and Address of New Registered Agent  Name  Succepticate of Status Desirco  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  110 S. MANHATTAN AVE.  64  TAMPA FL 38809  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 are familiar with, and the obligations of registered agent, or both, in the State of Florida. I are familiar with, and the obligations of registered agent, or both, in the State of Florida. I are familiar with, and the obligations of registered agent, or both, in the State of Florida. I are familiar with, and the obligations of registered agent, or both, in the State of Florida. I are familiar with, and the obligations of registered agent, or both, in the State of Florida. I are familiar with, and the obligations of registered agent, or both, in the State of Florida. I are familiar with, and the obligations of registered agent, or both, in the State of Florida. I are familiar with, and the obligations of registered agent, or both, in the State of Florida. I are familiar with, and the obligations of registered agent, or both, in the State of Florida. I are familiar with, and the obligations of registered agent, or both, in the State of Florida. I are familiar with, and the obligations of registered agent, or both, in the State of Florida. I are familiar with, and the obligations of registered agent, or both, in the State of Florida. I are familiar with, and the obligations of registered agent, or both in the State of Florida. I are familiar with, and the obligations of Florida Department of State  Interpretations of Florida Department of State  Interpr  | 2. Principal Place of Business         |                                    | 3. Mailing Address                     |                     |                      |               |  |                              |  |  |      |  |
| Zip Country Size Journal Registered Agent Size Address of New Registered Agent Name  6. Name and Address of Current Registered Agent Name  SALEH, BASSAM J Size Address of New Registered Agent Name  SALEH, BASSAM J Size Address of New Registered Agent Name  SALEH, BASSAM J Size Address of New Registered Agent Name  SIZE Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature Size Agent squalurate sequence of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the ob  | Suite, Apt. #, etc.                    |                                    |  | Suite, Apt. #, etc. |                      |               | _  | CHECK HERE IF MAKING CHANGES |  |  |      |  |
| SALEH, BASSAM J 110 S. MANHATTAN AVE. 64 TAMPA R. 3809  City  City  FL  Zip Code  Street Address of New Registered Agent  Nome  SALEH, BASSAM J 110 S. MANHATTAN AVE. 64 TAMPA R. 3809  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  S. Time 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 the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. **  OPFICIERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MANE  SIRET ADDESS  OPT-51-2P  INTE  MANE  SIRET ADDESS  OPT-51-2P  INTE  MANE  Dedde  INTE  MANE  SIRET ADDESS  OPT-51-2P  INTE  MANE  SIRET ADDESS  OPT-51-2  | City & State                           |                                    |  | City & State        |                      |               |  | <b>4.</b> F                  | FEI Number Applied For Not Applied For | ble  |      |  |
| SALEH, BASSAM J 110 S. MANHATTAN AVE. 64 TAMPA FL 33609 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and state of Florida. I am familiar with, and state of Florida agent with, and state of Florida agent with, and state of Florida. I am familiar with, and state of Florida. I am familiar with, and state of Florida agent with an exploridation of Florida agent with a state of Florida. I am familiar with, and state of Florida agent with an exploration of Florida agent with an expl  | Zip                                    |                                    | Country-                               | Zip.                | -                    | Coun          | try  | -2                           | ≂ <b>5</b> ≂0                          |  |      |  |
| SALEH, BASSAM J 110 S. MANHATTAN AVE. 64 TAMPA FL 33609  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.   |  | 6. Name                            | and Address of Current F               | Register            | ed Agent             | · · · ·       |  |                              | 7. N                                   | Name and Address of New Registered Agent                             |      |  |
| 110 S. MANHATTAN AVE. 64 TAMPA FL 33609  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  SURMAIN, spead or prinds have of registered agent and take it applicable.  (MOTE Registered Agent signature recessaring)  After May 1, 2003 Fee will be \$550.00  British Added to 4 May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  British Added to 4 May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  British Added to 4 May 1, 2003 Fee will be \$550.00  British Added to 4 May 1, 2003 Fee will be \$550.00  British Added to 4 May 1, 2003 Fee will be \$550.00  British Added to 4 May 1, 2003 Fee will be \$550.00  British Added to 4 May 1, 2003 Fee will                |  |                                    |  |                     | <u> </u>             |               | Name   |                              |  |  |      |  |
| City  | •                                      |                                    |  |                     |                      |               | Street Address (P.O. Box Number is Not Acceptable) |                              |  |  |      |  |
| City FL Zip Code  S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the orbigations of registered agent.  SIGNATURE    Signature, hybrid or printed name of registered agent and title if applicable.   (NOTE Registered Agent agritume required when recitating)  |  | NHA!TAN /                          | AVE.                                   |                     |                      |               |  |                              |  |  |      |  |
| B. 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 the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registrated agent and take if applicable. (NOTE Registered Agent signature required when retreatating)  After May 1, 2003 Fee will be \$550.00  Alter May 1, 2003 Fee will be \$550.00  Alter May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  Bake Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  ITIE  NAME  SIRET ADDRESS  CITY-ST-2P  ITIE  NAME  SIRET ADDRESS  CITY-ST-2P  TITE  NAME  SIRET ADDRESS  CITY-ST-2P  SIRET ADDRESS  CITY-ST-2P  SIRET ADDRESS  SIRET                                     | •                                      | 33609                              |  |                     | - City               |               |  |                              | <u></u>                                |  |      |  |
| THE PORTECTER AND DIRECTORS  TITLE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Belefath Delete Will be \$550.00  After May 1, 2003 Fee will be \$550.00  Belefath Delete Will be \$550.00  Belefath Delete Will be \$550.00  After May 1, 2003 Fee will be \$550.00  Belefath Delete Will be \$550.00  After May 1, 2003 Fee will be \$550.00  Belefath Delete Will be \$550. | 17300 77 1                             |                                    |  |                     |                      |               | City   |                              |  | FL Zip Code  |      |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.   |  |                                    |  | the purp            | oose of changing its | registere     | ed office or r                                     | registere                    | ed age                                 | gent, or both, in the State of Florida. I am familiar with, and acce | ρt   |  |
| After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  | SIGNATURE .                            | Signature, typed                   | or printed name of registered agent an | nd title if app     | olicable. (NOTE      | : Registered  | d Agent signatur                                   | e required                   | when rei                               | reinstating) DATE  | Ì    |  |
| TITLE   Change   Ch  | After May 1, 2003 Fee will be \$550.00 |                                    |  |                     |                      |               |  |                              |  | <b>;</b>   |      |  |
| NAMÉ STRET ADDRESS STAFET ADDRESS STAPETE, PL'33707  TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS   | 10.                                    | 0. 🖖 👼 . OFFICERS AND DIRECTORS 11 |  |                     |                      |               |  |                              | AD                                     | DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                     |      |  |
| TITLE   | name<br>Street address                 | KOTEICHE<br>1500 49TH              | . ST. S.                               |                     | ☐ Delete             | NAMI<br>STRE  | E<br>ET ADDRESS                                    |                              |  | ☐ Change ☐ Addit   | on { |  |
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| TITLE   | NAME<br>STREET ADDRESS                 |                                    | V                                      | NAM                 |                      | NAMI<br>STRE  | E<br>Et address                                    |                              |  | ☐ Change ☐ Addit   | on   |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | CITY-ST-ZIP                            | <u>-</u>                           |  |                     | <u> </u>             | _             |  |                              |  |  | _    |  |
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| NAME STREET ADDRESS STREET ADDRESS  | NAME<br>STREET ADORESS                 |                                    |  | -                   | Delete               | NAME<br>STREE | et address   |                              |  | ☐ Change ☐ Addit   | оп   |  |
| CITY-ST-ZIP CITY-ST-ZIP   | NAME                                   |                                    |  |                     | ☐ Delete             | NAME<br>STREE | et address   |                              | _                                      | ☐ Change ☐ Additi  | on   |  |

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:

KSTEVETIERS NEQUEERD