


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

FORM 608
AV

DOCUMENT # P99000107279

1. Entity Name
SERAPHIC DESIGN INC.



04-22-2003 90074 001 ***150.00

Principal Place of Business
**9461 EVERGREEN PL., #401
SERPHIC
FT LAUDERDALE FL 33324**

Mailing Address
**9461 EVERGREEN PL., #401
FT LAUDERDALE FL 33324**



2. Principal Place of Business
9461 EVERGREEN PL

Suite, Apt. #, etc.
#401

City & State
FORT LAUDERDALE, FLORIDA

Zip
33324

Country
USA

3. Mailing Address
9461 EVERGREEN PL

Suite, Apt. #, etc.
#401

City & State
FORT LAUDERDALE, FLORIDA

Zip
33324

Country
USA

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SERAPHIC DESIGNS
9461 EVERGREEN PLACE UNIT 401
FORT LAUDERDALE FL 33324**

4. FEI Number **65-1074096**

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
SERAPHIC DESIGN, INC.

Street Address (P.O. Box Number is Not Acceptable)
9461 EVERGREEN PL #401

City **FORT LAUDERDALE** FL Zip Code **33324**

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  **GABRIEL CASAS** **4-17-2003**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 CEO	<input type="checkbox"/> Delete
NAME CASAS, GABRIEL	
STREET ADDRESS 9461 EVERGREEN PL., #401	
CITY-ST-ZIP FT LAUDERDALE FL 33324	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME GOODALL, KEITH	
STREET ADDRESS 12337 N.W. 14TH ST	
CITY-ST-ZIP PEMBROKE PINES FL 33026	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED GABRIEL CASAS** **4-17-2003** (954) 423-6880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #