2002 Uniform Business Report (UBR)

P95000016062

DOCUMENT #

SIGNATURE:

Secretary of State 1. Entity Name SEIPP, FLICK & KISSANE, P.A. 03-13-2002 90088 027 ***150.00 Principal Place of Business Mailing Address 2400 SUNBANK INTERNATIONAL CTR 2450 SUNTRUST INT. CTR ONE SE THIRD AVE ONE SE THIRD AVE MAIMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0562717 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEIPP, JOHN C JR Street Address (P.O. Box Number is Not Acceptable) 2450 SUNTRUST INTERNATIONAL CTR ONE SE THIRD AVE MIAMI FL 33131 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition CR2E034 (9/01 TITLE ☐ Delete TITLE Change SEIPP, JOHN C JR NAME NAME STREET ADDRESS 2400 SUNBANK INTERNATIONAL CTR, 1 SE 3RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33131** TITLE ☐ Delete TITLE Change ☐ Addition NAME KISSÂNE, DANIEL J NAME STREET ADDRESS 2400 SUNBANK INTERNATIONAL CTR, 1 SE 3RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33131 Delete TITLE: TITLE Change ____.Addition_ NAME FLICK, CHARLES P. NAME STREET ADDRESS STREET ADDRESS 2450 SUNTRUST INT'L CTR, ONE SE 3RD AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a progress, with all other like empowered.

JOHN C. SEIPF TR

FILED Mar 13, 2002 8:00 am §

Daytime Phone #