

# 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

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE  
IN THIS SPACE

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**600018834576**  
**05/13/03--01044--022 \*\*150.00**

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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 #

CORPORATION (12/02)

*gr 5/7*