

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90202 044 ***150.00

DOCUMENT # **F01000005788**



1. Entity Name
SEYER PHARMATEC, INC.

Principal Place of Business
**7440 SW 50TH TERRACE
SUITE 105
MIAMI FL 33155**

Mailing Address
**7440 SW 50TH TERRACE
SUITE 105
MIAMI FL 33155**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **66-0266977**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAMONT & NEIMAN, P.A.
ONE BISCAYNE TOWER, STE 3550
TWO SOUTH BISCAYNE BLVD
MIAMI FL 33131**

Name

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

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 am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **BADIA, FRED J**
STREET ADDRESS **1643 BRICKELL AVENUE APT 3004**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VST** Delete
NAME **BADIA, MICHEL L**
STREET ADDRESS **1422 MENDARIA AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **BADIA, MARC L**
STREET ADDRESS **41 HOBART LANE**
CITY-ST-ZIP **COHASSET MA 02025**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **BADIA, CAMILA N**
STREET ADDRESS **1422 MENDARIA AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-18-03

(305) 666-4183

Date

Daytime Phone #

CR2E034 (10/02)