FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90489 018 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

90099433

DOCUMENT # H76613

1. Entity Name
THE SENECA CORPORATION

Principal Place of Business	Mailing Address
~~1070 NE 105 ST~~	~~1070 NE 105 ST~~
~~MIAMI SHORES, FL 33138 US~~	~~MIAMI SHORES, FL 33138 US~~

2. Principal Place of Business		3. Mailing Address	
1612 NE 105 Street		1612 NE 105 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami Shores, FL		City & State: Miami Shores, FL	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2581356 ☐ Applied For ☐ Not Applicable

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
SMITH, LINDA M 11900 BISCAYNE BLVD SUITE 503 MIAMI, FL 33181	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: PTD NAME: GONZALEZ, MARIO S. STREET ADDRESS: ~~1070 NE 105 ST~~ CITY-ST-ZIP: ~~MIAMI SHORES, FL~~	☐ Delete	TITLE NAME STREET ADDRESS: 1612 NE 105 Street CITY-ST-ZIP: Miami Shores, FL 33138	☒ Change ☐ Addition
TITLE: S NAME: GONZALEZ, JACQUELINE MUR STREET ADDRESS: 1070 NE 105 ST CITY-ST-ZIP: MIAMI SHORES, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Mario S. Gonzalez, President 04/14/03 (305)899-1415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)