

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K41906

1. Entity Name

SEYPAR, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -5 AM 11:57

Principal Place of Business

P.O. BOX 7538
Delray Beach, Fl. 33482-

Mailing Address

P.O. Box 7538
Delray Beach, Fl
33482-7538

2. Principal Place of Business

102 North Swinton Ave.

3. Mailing Address

P.O. Box 7538

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Delray Beach, Fl.

City & State

Delray Beach, Fl.

4. FEI Number

6500087917

Applied For

Not Applicable

Zip

33444

Country

Palm Beach

Zip

33482-7538

Country

Palm Beach

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Selma A. Schacher

7. Name and Address of New Registered Agent

Name

ADDRESS CHANGE

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

P.O. Box 7538 155 FLANDERS D

Delray Beach, Fl. 33484

City

Delray Beach

FL

Zip Code

33482-7538

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

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
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
PARISER, PAUL S
3590 S. Ocean Blvd., #209
West Palm Beach, Fl. 33480

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
REID, LUCIE S.
P.O. Box 7538
Delray Beach, Fl. 33482-7538

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

800003310108--2

-06/30/00--01014--023

****317.50 ****317.50

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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 execute 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 an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00

Date

(561)637-4501

Daytime Phone #

CR2E034 (9/99)