

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000000743**

1. Entity Name
SEEL PROPERTIES, L.C.

FILED

01 JAN 26 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**3801 NE 30TH AVE.
LIGHTHOUSE POINT FL 33064**

Mailing Address
**3801 NE 30TH AVE.
LIGHTHOUSE POINT FL 33064**

2. Principal Place of Business
2810 N.E. 28th Ave

3. Mailing Address
2810 N.E. 28th Ave

City & State
Lighthouse Pt, FL

City & State
Lighthouse Pt, FL

Zip
33064

Country
USA

Zip
33064

Country
USA

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SEEL, MICHELE R
3801 NE 30TH AVE.
LIGHTHOUSE POINT FL 33064**

7. Name and Address of New Registered Agent

Name **Michele R. Seel**

Street Address (P.O. Box Number is Not Acceptable)
2810 N.E. 30th Ave

City **Lighthouse Point FL** Zip Code **33064**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGR	<input type="checkbox"/> Delete
NAME SEEL, MICHELE R	
STREET ADDRESS 3801 NE 30TH AVE.	
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 2810 N.E. 28th Ave	
CITY-ST-ZIP Lighthouse Point, FL 33064	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200003601612--7
-01/30/01--01070 Change Addition
*******50.00 *****50.00**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Michele Seel 1-18-01 954-782-7550

CR2E083 (11/00)