

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

09-10-2004 90061 050 \*\*\*150.00

<b>DOCUMENT #</b> L01000012070
1. Entity Name SEELIGER Y CINDE INTERNATIONAL-MIAMI, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 2121 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 422 City & State CORAL GABLES, FL	3. Mailing Address 901 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 606 City & State CORAL GABLES, FL
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DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1626125	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SUSAN M. GARCIA, P.A.
Street Address (P.O. Box Number is Not Acceptable) 901 PONCE DE LEON BLVD. SUITE 606
City CORAL GABLES
State FL
Zip Code 33134

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 \_\_\_\_\_

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 STREET ADDRESS CITY - ST - ZIP	MGR MARTIN CASTANON 2121 PONCE DE LEON BLVD. STE 422 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Martin A. Castanon Date: 8/16/2004 Daytime Phone #: (305) 442-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

ATTACHMENT  
24084551  
# 201000012070

Seeliger Y Conde International – Miami, LLC  
901 Ponce de Leon Blvd.  
Suite 606  
Coral Gables, FL 33134

August 16, 2004

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Through this letter please be advised that we changed our mailing address to 901 Ponce de Leon Blvd. Suite 606 Coral Gables, FL 33134. Accordingly we did not receive the Uniform Business Report for the year 2004. Attached please find a check for \$150.00 for the filing fees. We have subsequently hired a competent accountant that can guide us and hence will provide appropriate information so that we can fulfill all of our filing requirements on a timely basis.

We respectfully request that you abate the penalties for filing late. Thank you in advance for your prompt attention with this matter.

Sincerely,



Martin Castanon