

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90276 037 ***150.00

DOCUMENT # **L25534**

1. Entity Name

SEANIC CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

250 N. HIBISCUS DR.

Suite, Apt. #, etc.

3. Mailing Address

250 N. HIBISCUS DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH

City & State

M.B. FLA.

4. FEI Number

65 0317476

Applied For

Not Applicable

Zip

33139

Country

DADE US

Zip

33139

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

STEVEN MIRMELLI

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

250 NORTH HIBISCUS DR.

City

MIAMI BEACH

FL

Zip Code

33139

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.

DOES NOT
APPLY NO
CHANGE

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

STEVEN MIRMELLI

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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 **PRESIDENT** **P/H/S/D**
NAME **STEVEN MIRMELLI**
STREET ADDRESS **250 NORTH HIBISCUS DR**
CITY-ST-ZIP **M.B. FLA 33139**

TITLE **VICE PRESIDENT** **V.P.**
NAME **LAWRENCE BONANNON**
STREET ADDRESS **114 GROMG AVE**
CITY-ST-ZIP **ISLANDHADA 33036**

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN MIRMELLI

4/28/02

Date

305 522 5791

Daytime Phone #

CR2E034B (12/01)