

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009139 AF

DOCUMENT # L99000008849

1. Entity Name

SENECA C, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR 26 PM 3:05

Principal Place of Business

2901 SW 8TH STREET, SUITE 204  
MIAMI FL 33135

Mailing Address

2901 SW 8TH STREET, SUITE 204  
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0973439

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, PEDRO A

1221 BRICKELL AVENUE, SUITE 2100  
MIAMI FL 33131

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.

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

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete  
NAME THE CAYON FAMILY LIMITED PARTNERSHIP NO. 1  
STREET ADDRESS 3822 W. 12TH AVENUE  
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME BOSCHETTI, JOSE R  
STREET ADDRESS 2901 SW 8TH STREET, SUITE 204  
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME ABELE, CHARLES R JR.  
STREET ADDRESS 2901 SW 8TH STREET, SUITE 204  
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME GAYON, MAURICE  
STREET ADDRESS 2901 SW 8TH STREET, SUITE 204  
CITY-ST-ZIP MIAMI FL 33135

TITLE MGR ☒ Change ☐ Addition  
NAME CAYON, MAURICE  
STREET ADDRESS 2901 SW 8TH STREET, SUITE 204  
CITY-ST-ZIP MIAMI, FL 33135

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied 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 or the registered 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

1/20/01

Date

(305) 5417130

Daytime Phone #

CR2E083 (11/00)