

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90084 018 ***150.00

DOCUMENT # P00000039121

1. Entity Name

HSEE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3001 ALOMA AVE

Suite, Apt. #, etc.

SUITE # 121

City & State

WINTER PARK, FL

Zip

32792

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3639983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MARK FERNANDES

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

16300 NE 19TH AVE SUITE #231

City

NORTH MIAMI BEACH

FL

Zip Code

33162

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**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	CPT
NAME	LORINS, PETERSON
STREET ADDRESS	1372 S. HIAWASSEE RD # 169
CITY - ST - ZIP	ORLANDO FL
TITLE	VS
NAME	RUSS, ARLENE S
STREET ADDRESS	425 SOUTH PLATT RD
CITY - ST - ZIP	MILAN, MI 48160
TITLE	V
NAME	PIERRE, PATRICK
STREET ADDRESS	1372 S. HIAWASSEE RD # 169
CITY - ST - ZIP	ORLANDO FL
TITLE	V
NAME	KNIGHT, MARSHALL
STREET ADDRESS	1372 S. HIAWASSEE RD # 169
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter Lorins

PETERSON LORINS

04/26/02

305-945-7892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #