

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90049 042 ***150.00

0262608

DOCUMENT # P00000040437

1. Entity Name

SEIDENS, CORP.

Principal Place of Business
 2090 SW 71ST TERR., SUITE G-1
 FT. LAUDERDALE FL 33317

Mailing Address
 2090 SW 71ST TERR., SUITE G-1
 FT. LAUDERDALE FL 33317

00040509



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 3150

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach FL

4. FEI Number

65-1015641

Applied For

Not Applicable

Zip

Country

Zip

Country

33424

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRED G. PRICHASON, P.A.
16931 NE 6TH AVE.
N. MIAMI BCH FL 33162

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☒ Delete
 NAME **SEIDEN, CAROLINA M**
 STREET ADDRESS **2090 SW 71ST TERR., SUITE G-1**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33317**

TITLE **ST** ☒ Change ☐ Addition
 NAME **Seiden Carolina M**
 STREET ADDRESS **4951 Pinemonte Ln**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **P** ☒ Delete
 NAME **SEIDEN, PAUL A**
 STREET ADDRESS **2090 SW 71ST TERR., SUITE G-1**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33317**

TITLE **P** ☒ Change ☐ Addition
 NAME **Seiden PAUL A**
 STREET ADDRESS **4951 Pinemonte Ln**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul A Seiden
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01
 Date

561-740-2424
 Daytime Phone #

CR2E034 (10/00)