

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

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90240 040 \*\*\*150.00

DOCUMENT # P 00000100441

1. Entity Name

SEIMOR MANAGEMENT CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2776 UNIVERSITY DRIVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CORAL SPRINGS

City & State

4. FEI Number

65-1049314

Applied For

Not Applicable

Zip

FL 33065

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LAWRENCE R. BONNER ESQ.

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

100 SE 2ND STREET

SUITE 3400

City

MIAMI

FL

Zip Code

33131

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	DIRECTOR
NAME	HAROLD SEIGEL
STREET ADDRESS	2776 UNIVERSITY DRIVE
CITY- ST- ZIP	CORAL SPRINGS, FL 33065
TITLE	DIRECTOR
NAME	CARLOS MORMENED
STREET ADDRESS	2776 UNIVERSITY DRIVE
CITY- ST- ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
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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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02 954-656-6180

Date

Daytime Phone #

CR2E034B (12/01)