

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 90015 033 \*\*\*150.00

**DOCUMENT # P00000116076**

1. Entity Name  
**SERES CORP.**

Principal Place of Business <b>740 MERIDIAN AVE. #2 MIAMI BEACH FL 33139</b>	Mailing Address <b>740 MERIDIAN AVE. #2 MIAMI BEACH FL 33139</b>
-------------------------------------------------------------------------------------	-------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **APPLIED FOR** Applied For  Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
-----	---------	-----	---------	-------------------------------------------------------------------------------------------------

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ALTAMIRANO, OLGA CRISTINA**  
**740 MERIDIAN AVE. #2**  
**MIAMI BEACH FL 33139**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 \_\_\_\_\_ (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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUMBERTO ANDINO, EMILIANO</b>	NAME	
STREET ADDRESS	<b>740 MERIDIAN AVE. #2</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DI PAOLA, SONIA CRISTINA</b>	NAME	
STREET ADDRESS	<b>740 MERIDIAN AVE. #2</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Emiliano Andino* **EMILIANO ANDINO** Date **4/17/2001** Daytime Phone # **(305) 532-1617**

CR2E034 (10/00)

1 770 455-2360

Attachments 975968 # P0000011607

Form **SS-4**

**Application for Employer Identification Number**

(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <u>SERES CORP.</u>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name <u>EMILIANO H. ANDINO</u>
	4a Mailing address (street address) (room, apt., or suite no.) <u>740 MERIDIAN AVE #2</u>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <u>MIAMI BEACH, FL, 33139</u>	5b City, state, and ZIP code
	6 County and state where principal business is located <u>MIAMI DADE, FLORIDA</u>	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► <u>EMILIANO ANDINO</u>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |                                                                                                   |                                                              |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Sole proprietor (SSN)                                                    | <input type="checkbox"/> Estate (SSN of decedent)            |
| <input type="checkbox"/> Partnership                                                              | <input type="checkbox"/> Plan administrator (SSN)            |
| <input type="checkbox"/> REMIC                                                                    | <input type="checkbox"/> Other corporation (specify) ► _____ |
| <input type="checkbox"/> State/local government                                                   | <input type="checkbox"/> Trust                               |
| <input type="checkbox"/> Church or church-controlled organization                                 | <input type="checkbox"/> Federal government/military         |
| <input type="checkbox"/> Other nonprofit organization (specify) ► _____ (enter GEN if applicable) |                                                              |
| <input type="checkbox"/> Other (specify) ► _____                                                  |                                                              |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
<u>FLORIDA</u>	

9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ► <u>VIDEO SERVICES</u>	<input type="checkbox"/> Banking purpose (specify purpose) ► _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ► _____
<input type="checkbox"/> Created a pension plan (specify type) ► _____	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ► _____
	<input type="checkbox"/> Other (specify) ► _____

10 Date business started or acquired (month, day, year) (see instructions) 12/29/00

11 Closing month of accounting year (see instructions) DECEMBER 31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ► N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . . ►

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ► VIDEO EDITING HOUSE

15 Is the principal business activity manufacturing? . . . . .  Yes  No

If "Yes," principal product and raw material used ► \_\_\_\_\_

16 To whom are most of the products or services sold? Please check one box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ► _____	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
------------------------------------------	--------------------------------------------------	-----------------------------------------------	-----------------------------------------

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . .  Yes  No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► \_\_\_\_\_ Trade name ► \_\_\_\_\_

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) <u>(305) 532-1617</u>
Fax telephone number (include area code) <u>(305) 532-1617</u>

Name and title (Please type or print clearly.) ► EMILIANO H. ANDINO, PRESIDENT

Signature ►  Date ► \_\_\_\_\_

Note: Do not write below this line. For official use only.

Geo.	Ind.	Class	Size	Reason for applying