

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91325 033 \*\*\*150.00

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

DOCUMENT # P01000016241

1. Entity Name  
**SETI INTERNATIONAL CORPORATION**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1756 N Bayshore Dr**

3. Mailing Address  
**1756 N Bayshore Dr**

Suite, Apt. #, etc.  
**35D**

Suite, Apt. #, etc.

**35D**

City & State  
**Miami**

City & State  
**Miami**

Zip  
**FL**

Country  
**USA**

Zip  
**FL**

Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**NONE**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
**Beatriz Santamaria**

Street Address (P.O. Box Number is Not Acceptable)  
**1756 N Bayshore Dr #35D**

City  
**Miami**

FL

Zip Code  
**33132**

**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 reappointing)

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 \$500.00  
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

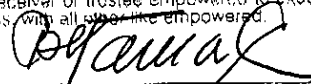
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Jorge H. Valbuena Farfan 1756 N Bayshore Dr #35D Miami, FL 33132</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD Jorge I. Vallejo Gonzalez 1756 N Bayshore Dr #35D Miami, FL 33132</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Beatriz Santamaria 1756 N Bayshore Dr #35D Miami, FL 33132</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



05/01/02

Date

786-924 0201

Daytime Phone #