

FEB-16-02 SUN 07:20 PM INDEPENDENT TAX

2002 UNIFORM BUSINESS REPORT (UBR)

427271

DOCUMENT # P01000030694

Entry Name
SEYCO SA IMPORT/EXPORT CORP.

Principal Place of Business
7076 W 29TH AVE
HIALEAH FL 33016

Mailing Address
7076 W 29TH AVE
HIALEAH FL 33016



DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1089707		Applied For <input type="checkbox"/> Not Applicable	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		6. Current date of Status Deseret <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ESTRELLA, FERNANDO 7076 W 29TH AVE HIALEAH FL 33016		Name Street Address (P.O. Box Numbers Not Acceptable) City FL Zip Code	

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 _____ DATE _____
Beneficial, listed or limited partner of registered agent and not applicable (NOTE: registered agent signature required when terminating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 3, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DP ESTRELLA, FERNANDO 7076 W 29TH AVE HIALEAH FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 resident or trustee designated 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 officers empowered.

SIGNATURE: *[Signature]* **PRESIDENT** 3/9/02 305-821-3349
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR