FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State

DOCUMENT # 1 1. Entity Name PO1 00036819			05-28-2002 91756 030 ***150.00	
Seminale 100 Develo	PES, INC,	· · · · · · · · · · · · · · · · · · ·		
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 4. FNdinn Mound Court 9.0, Box 35-2500				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE .	
City & State Flagler Beach Fl.	City & State PAIM Coast, F1,		4. FEI Number 59.3719291	Applied For Not Applicable
32136 Country USA	Zip 32/35·2500	Country USA		3.75 Additional e Required
Name Chi			7. Name and Address of Current Registered Agent Umento, Michael D. ESQ P.O. Box Number is Not Acceptable) Kings Road North, Suite B. Coast FL Zip Code 3 2 2 3 7	
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	tible of applicable. (NOTE: Rep	gistered 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 After May 1, For Amended UB Make Check Payable to		Fee is \$550.00 BR is \$61,25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND DI	RECTORS	TITLE		€
STREET ADDRESS U FORIAN MOUND	DRESS 4 INDIAN MOUND COURT		CR2E034B (12/01)	
TITLE SECTETATY FRANCIA F. STREET ADDRESS Y IN DIAN MOUNT COURT CITY-ST-ZIP FLAGLET BEACH FL. 3 2136		TITLE NAME STREET ADDRESS CATY-ST-ZIP		CR2EC
Treasurer Alfonso, Dow Joseph A. BETADORESS 39 Coftenwood Drive		NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRIT	E
VICE - President Alfonso. Lenato A. ETADORESS 39 Cotton wood Drive ST-ZIP DA/M COAST F1. 32137		NTILE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY+ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TIFLE NAME STREET ADDRESS CITY-S1-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 on an attachment with an address, with all other like empowered. SIGNATURE: 1				