

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**  
 03-22-2002 90048 013 \*\*\*150.00

**DOCUMENT # P01000107988**

1. Entity Name  
**SEMC, INC.**

Principal Place of Business

**C/O WHITE & CASE LLP**  
**200 SOUTH BISCAYNE BLVD., SUITE 4900**  
**MIAMI FL 33131**

Mailing Address

**C/O WHITE & CASE LLP**  
**200 SOUTH BISCAYNE BLVD., SUITE 4900**  
**MIAMI FL 33131**

2. Principal Place of Business

**2120 SW 57 Terrace**

Suite, Apt. #, etc.

3. Mailing Address

**2120 SW 57 Terrace**

Suite, Apt. #, etc.

City & State

**Hollywood, FL**

City & State

**Hollywood, FL**

4. FEI Number

**65-1153328**

Applied For

Not Applicable

Zip

**33023**

Country

**Broward**

Zip

**33023**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAGG, K. LAWRENCE**  
**C/O WHITE & CASE LLP**  
**200 SOUTH BISCAYNE BLVD., SUITE 4900**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**Joseph Manteiga**

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

**2120 S.W. 57 Terrace**

City

**Hollywood, FL**

FL

Zip Code

**33023**

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]*

**Joseph Manteiga**

**3/7/02**

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE **D** ☐ Delete  
 NAME **CATRON, WILLIAM**  
 STREET ADDRESS **200 S. BISCAYNE BLVD., SUITE 4900**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete  
 NAME **MANTEIGA, JOSEPH**  
 STREET ADDRESS **200 S. BISCAYNE BLVD., SUITE 4900**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete  
 NAME **MANTEIGA, JOSEPH**  
 STREET ADDRESS **200 S. BISCAYNE BLVD., SUITE 4900**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete  
 NAME **MANTEIGA, JOSEPH**  
 STREET ADDRESS **200 S. BISCAYNE BLVD., SUITE 4900**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete  
 NAME **MANTEIGA, JOSEPH**  
 STREET ADDRESS **200 S. BISCAYNE BLVD., SUITE 4900**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete  
 NAME **MANTEIGA, JOSEPH**  
 STREET ADDRESS **200 S. BISCAYNE BLVD., SUITE 4900**  
 CITY-ST-ZIP **MIAMI FL 33131**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **2120 SW 57 Terrace**  
 STREET ADDRESS **Hollywood, FL 33023**  
 CITY-ST-ZIP **Hollywood, FL 33023**

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 CITY-ST-ZIP **Hollywood, FL 33023**

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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joseph Manteiga**

**3/7/02**

Date

Daytime Phone #

CR2E034 (9/01)