

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

DOCUMENT # P02000029359

1. Entity Name

Seamless Technology, Inc.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN 16 AM 10:34

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
8600 NW 36th Street

3. Mailing Address  
8600 NW 36th Street

Suite, Apt. #, etc.  
Suite 101

Suite, Apt. #, etc.  
Suite 101

City & State  
Miami, Florida

City & State  
Miami, Florida

4. FEI Number 04-3631074

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip  
33166

Country  
USA

Zip  
33166

Country  
USA

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Douglas Stratton, Esq.

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

407 Lincoln Road, Suite 2A

City Miami Beach

FL Zip Code  
33139

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Douglas Stratton, Esq.

1/15/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1; Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
P/D Alonso Perales 924 Turnberry Lane, Southlake, TX 76092

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
C/D/S Borys Rafalowicz 260 Crandon Boulevard, #32-135 Key Biscayne, Florida 33149

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D Vladimir Morales, 4611 NW 67th Court, Miami, Florida 33178

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

700010156467  
01/16/03--01013--019 \*\*158.75

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alonso Perales

1/15/03

(305) 477-8177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

916