2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000034783

1. Entity Name

10.

TITLE

NAME

NAME STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-7IP TITLE

NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE

CITY-ST-ZIP

SEAMAR DEVELOPMENT CODE



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90206 018 ***150.00

- SEMINAN DEVELOPMENT COP	ir.
Principal Place of Business C/O MOISES T GRAYSON ESQ 25 SE 2ND AVENUE SUITE 730 MIAMI FL 33131	Mailing Address C/O MOISES T GRAYSON ESQ 25 SE 2ND AVENUE SUITE 730 MIAMI FL 33131
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

MIAMI FL 33131		25 SE 2ND AVENUE SUITE 730 MIAMI FL 33131					1 1 12 11 16 1 114 11 51 11 1151 115			 		
2. Principal Place of Business			3. Ma	3. Malling Address								
Suite, Apt. #, etc. Suite, Apt. #, 6				ite, Apt. #, etc.	etc.			CHECK HERE IF MAKING CHANGES				
City & State			Cit	City & State			4.	FEI Number	Applied For Not Applicable			\Box
Zip	Zip Country Zip				Coun	ntry	5.	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current I	Register	ed Agent			7.	Name and Address of New F				=
						Name						┪
	N, MOISES [*]					Street Address (P.O. Box Number is Not Acceptable)						_
25 SE 21	ND AVENUE	SUITE 730			1	Street Adds	ress (P.O. E	Box Number is Not Acceptable))			
MIAMI FL	_ 33131				1							1
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					•	City			FL	Zip Cod		
8. The above	named entity	submits this statement for	r the purp	ose of changing its	registere	ed office or rea	gistered aç	gent, or both, in the State of Flo	orida. I am far	niliar with.	and accept	1
the obligat	tions of registe	red agent.			:					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and accopt	
SIGNATURE .												
	Signature, typed or	or printed name of registered agent as	and title if apt	plicable. (NOT	E: Registerer	d Agent signature re	equired when r	reinstating)	DATE			
	ILE-NOWILL	-FEE-IS-\$150,00-						T		<u> </u>		4
After	r May 1, 2003	3 Fee will be \$550.00						9. Election Campaign Fir		\$5.0	00 May Be	-
Make Check	د Payable to	Florida Department of	State	1				Trust Fund Contribution	n. 🗆	Adde	d to Fees	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: