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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60025652

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000080169

1. Entity Name
SEINY IMPORT & EXPORT INC.

Principal Place of Business	Mailing Address
27239 SW 117 PL HOMESTEAD, FL 33032	27239 SW 117 PL HOMESTEAD, FL 33032

2. Principal Place of Business	3. Mailing Address
12281 SW 28 ST.	
Suite, Apt. #, etc. MIAMI - FL	Suite, Apt. #, etc.
City & State 33175	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NUNEZ, OCTAVIO
27239 SW 117 PL
HOMESTEAD, FL 33032

7. Name and Address of New Registered Agent
Name TERESA ALVARADO
Street Address (P.O. Box Number is Not Acceptable) 12281 SW 28 ST
City MIAMI FL Zip Code 33175

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003, Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUNEZ, OCTAVIO 27239 SW 117 PL HOMESTEAD, FL 33032	☑ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	TERESA ALVARADO 12281 SW 28 ST. MIAMI - FL. 33175	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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.

SIGNATURE: [signature] 04-22-03 305:2291969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #