

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90121 015 ***150.00

DOCUMENT # P02000096706

1. Entity Name
SEAGULL FINANCIAL CORPORATION



Principal Place of Business

6790 W 13TH AVE

SUITE E

HIALEAH FL 33012

Mailing Address

6790 W 13TH AVE

SUITE E

HIALEAH FL 33012

**6790 West 13th Avenue
Hialeah, Florida 33012**



2. Principal Place of Business

6790 W 13 Avenue

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

Same

City & State

Hialeah FL

City & State

Same

4. FEI Number

65-0024396

Applied For

Not Applicable

Zip

33012

Country

USA

Zip

33012

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CONIGLIO, MICHAEL J

971 E TENNESSEE ST

TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Alicia S. Moreno

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

6790 West 13 Avenue

City

Hialeah

FL

Zip Code

33012

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: 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

TITLE **PSTD** ☐ Delete
NAME **MORENO, ALICIA S**
STREET ADDRESS **6790 W 13TH AVE**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **VD** ☐ Delete
NAME **MORENO, ANTONIO**
STREET ADDRESS **6790 W 13TH AVE**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)