

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90005 035 ***150.00

DOCUMENT #	P04000001077
1. Entity Name	
SEIHO CORPORATION	

DO NOT WRITE IN THIS SPACE

54063166

2. Principal Place of Business 12401 W OKEECHOBEE ROAD		3. Mailing Address	
Suite, Apt. #, etc. 369		Suite, Apt. #, etc.	
City & State HIALEAH GARDENS, FL		City & State	
Zip 33018	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0547284		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent	
Name SEIJO, REINO O	
Street Address (P.O. Box Number is Not Acceptable) 12401 W OKEECHOBEE RD, LOT 369	
City HIALEAH GARDENS	Zip Code 33018

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 Reino O Seijo REINO O SEIJO 7/16/2004
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 ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEIJO, REINO O 12401 W OKEECHOBEE RD, #369 HIALEAH GARDENS, FL 33018	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
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	

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 Reino O Seijo REINO O SEIJO, PRESIDENT 7/16/2004 (305) 828-5851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54063166

July 16, 2004

Florida Department of State
P O Box 6327
Tallahassee, Florida 32314

Subject: SEIHO CORPORATION

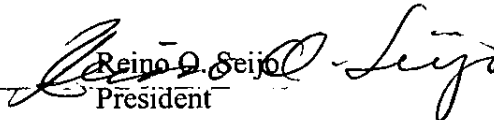
Ref: P04000001077

Enclosed please find the 2004 Annual Report, along with the payment of \$150.00

We wish to request a waiver of the late fee, because we did not receive the postcard from you, and have been recently advised that the payment was past due since May 1, 2004.

We thank you for your understanding.

Sincerely,


Reino O. Seijo
President