

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90091 025 \*\*\*150.00

**DOCUMENT # P95000022335**

1. Entity Name  
**SEIN ENTERPRISES INC.**



Principal Place of Business  
**36362 US HIGHWAY 19 NORTH  
PALM HARBOR FL 34684-9834  
US**

Mailing Address  
**P.O BOX 577  
PALM HARBOR FL 34682  
US**

**11008576**



2. Principal Place of Business

3. Mailing Address

**36426**  
Suite, Apt. #, etc.  
**US Highway 19 N.**  
City & State  
**Palm Harbor, FLA.**  
Zip  
**34684** Country  
**USA**

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3352490**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOON, EUNICE S  
36406 US HWY 19 N  
PALM HARBOR FL 34684**

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

**36426 US Highway 19 N.  
Palm Harbor FL 34684-9834**

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 **Eunice Sein Koon**  
Signature, typed or printed name of registered agent and title if applicable.

**EUNICE SEIN KOON**  
(NOTE: Registered Agent signature required when reinstating)

**3/13/03**  
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 **DT** ☐ Delete  
NAME **JURADO HERNANDEZ, KATHRYN**  
STREET ADDRESS **13131 CARROLLWOOD CREEK DRIVE**  
CITY-ST-ZIP **TAMPA FL 33624**

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

TITLE **PD** ☐ Delete  
NAME **KOON, EUNICE S**  
STREET ADDRESS **36406 US HWY 19 N**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **PD** ☒ Change ☐ Addition  
NAME **KOON, EUNICE SEIN**  
STREET ADDRESS **303 53 U.S. Hwy. 19N**  
CITY-ST-ZIP **CLEARWATER, FLA. 33761**

TITLE **VPSD** ☐ Delete  
NAME **ROCAFORT, CARMEN**  
STREET ADDRESS **101 JAZMIN UR6 SAN FRANCISCO**  
CITY-ST-ZIP **RIO PIEDRAS, P.R. 00927**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/03**  
Date

**727-786-6290**  
Daytime Phone #

CR2E034 (10/02)