

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000095313

1. Entity Name

SEIMAX CORPORATION

Principal Place of Business

10815 NW 29TH ST  
MIAMI FL 33172  
US

Mailing Address

10815 NW 29TH ST  
MIAMI FL 33172-2150  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0635421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASADEVALL, CARLOS  
10815 NW 29TH ST  
MIAMI FL 33192

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS     | CITY - ST - ZIP                    | <input type="checkbox"/> Delete |
|-------|------|--------------------|------------------------------------|---------------------------------|
|       | D    | MOTA, FRANCISCO    | 10815 NW 29TH ST<br>MIAMI FL 33192 | <input type="checkbox"/>        |
|       | D    | CASADEVALL, CARLOS | 10815 NW 29TH ST<br>MIAMI FL 33192 | <input type="checkbox"/>        |
|       | D    | GARCIA, JOSE A     | 10815 NW 29TH ST<br>MIAMI FL 33192 | <input type="checkbox"/>        |
|       |      |                    |                                    | <input type="checkbox"/>        |
|       |      |                    |                                    | <input type="checkbox"/>        |
|       |      |                    |                                    | <input type="checkbox"/>        |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 11 or Block 12 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/00  
Date

305 5133690  
Daytime Phone #

CR2E034 (9/99)