2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000037249** May 01, 2000 8:00 am Secretary of State 1. Entity Name SEMAS AMERICAN INT'L CORP. 05-01-2000 90494 020 ***150.00 Mailing Address Principal Place of Business 150 SE 2ND AVE 150 SE 2ND AVE STE 905 MIAMI FL 33131-1576 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 2190 N W 33<u>Ave</u> 2190 N W 33Ave DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0664668 F1 Miami Fl Miami Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33142 USA USA Fee Required 33142 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINS: ANDREA Adriana R Martins Street Address (P.O. Box Number is Not Acceptable) 150 SE 2ND AVE 2190 N W 33 Ave STE 905 Miamⁱ MIAMI FL 33131 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Delete TITLE X Change MARTINS, SERGIO NAME NAME STREET ADDRESS 150 SE 2ND AVE., STE. 905 STREET ADD 2190 N W 33 Ave CITY-ST-ZIP CITY-SI-ZIP MIAMI FL 33131-<u> Miami F1 33142</u> **VSD** ☐ Addition Delete 🖵 Change TITLE TITLE MARTINS, ADRIANA R NAME NAME 2190 N W 33 Ave 150 SE 2ND AVE., STE. 905 STREET ADDRESS STREET ADDRE Miami Fl 33142 CITY-ST-ZIP CITY-ST-ZIP. MIAMI FL 33131 Change = - Addition ☐ Delete TITLE MARTINS, SERGIO M 2190 N W 33 Ave NAME NAME STREET ADDRESS STREET ADDRES 150-SE 2ND-AVE., 9TE. 905 Miami F1 33142 CITY-ST-ZIE CITY-ST-ZIP MIAMLEL 33131 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 employered 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, yith all other like empowered.

SIGNATURE: AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date OF DIRECTOR DATE OF SIGNING OFFICER OF DIRECTOR DATE OF D