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2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)				FILED	
DOCUI	MENT # P960000	)41622		Mar 01, 2001 8:00 a Secretary of State	m
SEYMAT	EC, INC.			01-30-2001 90024 044 ***150.00	
Principal Plac	e of Business	Mailing Address			
7750 WONDELL CORAL GABLES	FL 33143	P.O. BOX 431434 Miami FL 33143		. 000-	
	MINDELLOS;	<del>/</del>		E TERRETO TRA COMO BURA ABUN DOURADAN DEND TETRA TERRETO DU CONTRA	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65-0746284 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
•	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
LOTHARIUS, RICHARD D			Street Addre	ress (P.O. Box Number is Not Acceptable)	
			7750	OMINDELLO ST	
			City CO	DAAL GABLES FL Zigs 143	
8. The above	named entity submits this statement for	r the purpose of changing its	s registered office or reg	egistered agent, or both, in the State of Florida.	
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered Agent signature re	required when reinstaling) DATE	
Tax filing requirement and elects to do so: After MAY-1, 2001		'!!! FEE IS \$150.00 001 Fee will be \$550. ble to Department of	0.00 Trust Fund Contribution. 35.00 May 89 Added to Fees	-	
11.	OFFICERS AND	DIRECTORS Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition	3
NAME STREET ADORESS CITY-ST-ZIP	P LOTHARIUS, RICHARD D 7750 MINPELLO ST	U Vereis	MANGE	7750 MIND-CLLO 5.7	
TITLE	CORAL GABLES FL 33143	☐ Delete	TITLE	Change Addition	i 5
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		Delete	TITLE NAME	Change Addition	<u>۔</u>
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		_
TITLE NAME	enter in a service of the initial in the	☐ Delete	TITLE	Change Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	·	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	•	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP	partifu that the information avantion	this filing chose not qualify to	CITY-\$1-ZiP	in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee amo- tor on an attachment with an address.	wered to execute this repor	my signature snall nave t as required by Chapter	et the same legal effect as if made under oath; that I am an officer or director er 607, Florida Statutes and that my name appears in Block 11 or Block 12 if	
SIGNAT	URE: SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICE	OR DIRECTOR	Dere Daytine Phone a	