

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90030 003 ***150.00

0299455 AV

DOCUMENT # P96000086558

1. Entity Name
SEYER INDUSTRIES, INC.

Principal Place of Business
14119 SW 125TH AVENUE
MIAMI FL 33186

Mailing Address
15754 SW 102 L. N.
MIAMI FL 33186



2. Principal Place of Business
15754 SW 102 LN

Suite, Apt. #, etc.
MIAMI FL 33186

City & State

3. Mailing Address
15754 SW 102 LN

Suite, Apt. #, etc.
MIAMI FL

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0711522**

Applied For
Not Applicable

Zip **33186** Country **DADE, USA**

Zip **33186** Country **DADE, USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAROCCA, ELIZABETH ESQ
80 SW 8TH STREET
SUITE 2042
MIAMI FL 33130

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 _____ (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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYES, ANGEL 15754 SW 102 L. N. MIAMI FL 33186	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/03/02.

305 431 0222

Day

Daytime Phone #

CR2E034 (9/01)