## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P97000094826

1. Corporation Name SEEMA ENTERPRISES, INC.

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90059 050 \*\*\*150.00



Principal Place	e of Business	Mailing Address				
1266 NW 119TH	+ ST.	1266 NW 119TH ST.				
MIAMI FL 33167	7	MIAMI FL 33167				
<b>[</b>				DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed		
_				11/03/1997		
	lace of Business	2a. Mailing Address	015	4. FEI Number		plied For
21 2090			Rd.7	65-0797729		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Fee Rec	
City & State	alexhill, FL	City & State  28 Laucleshill	, PL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	•
Zip 33	Country	A Zip	Country	8. This corporation owes the current year	Intangible	
33	313 25 Groward	( 333 L3 30)	Browers	Personal Property Tax.	□Yes	□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent	
			81 Name	<del></del>		
	AL, ASHOK	,	82 Street	Address (P.O. Box Number is Not Acceptable)		
1266 NW 119TH ST.			oz Sileet	Addiess (F.O. Dox Number is Not Acceptable)		
MAN	WI FL 33167		83			
ļ					<del></del>	
}			84 City	F	<b>-</b>	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, the	he above-named	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	of changing its i	registered sistered
agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ions of, Section 607.0505, Florida	Statutes.	·	onunent de reg	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE	· -					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regis	stered Agent signature n	equired when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	DIR.	☐ DELETE	1.1 TITLE	DIR	Change	☐ Addition
NAME	DALAL, ASHOK		1.2 NAME	DALAL, ASHOK		
STREET ADDRESS	3703 BRIDGE RD		1.3 STREET ADDRESS	3703 BRIDGE Rd		
CITY-ST-ZIP	COOPER CITY FL 33026		1,4 CITY-ST-ZIP	COOPER CITY, FL 33026		
TITLE	SD	☐ DELETE	2.1 TITLE	PRES	☐ Change	Addition
NAME	SHAH, DIGANT		2.2 NAME	SON! HIREN		
STREET ADDRESS	3703 BRIDGE RD		2.3 STREET ADDRESS	SON', HIREN 13214 NW 15th COURT		
CITY-ST-ZIP	COOPER CITY FL 33026		2. 4 CITY-ST-ZIP	PEMBROKE PINES FL	33028	
TITLE			3.1 TITLE		Change	☐ Addition
NAME	HIKERLSO	MY PRES	3.2 NAME			
STREET ADDRESS	13214 111 15		3.3 STREET ADDRESS			
1	10 17 And	0000	3.4. CITY-ST-ZIP			
CITY-ST-ZIP	rembootee rine		4.1 TITLE		Change	Addition
i '			4. 2 NAME			_
NAME						
STREET ADDRESS	}		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<u> </u>	☐ Change	Addition
TITLE	,		5.1 TITLE	,	☐ Criange	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with amaddress, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

DELETE

Addition