2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P98000087562

1. Entity Name

SEELIFE AND COMPANY, INC.



FILED Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90282 030 ***150.00

Principal Place 2490 S.W. 41 MIAMI FL	ce of Busines TH AVENUE	S	2490	Mailing Address 2490 S.W. 4TH AVENUE MIAMI FL				1 1 26 11 24	11 4 1414 1 (1 111)	Pa tos Ba es A A	i)i 88181 IJ	.		
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2. Principal F	Place of Busin	iess ′	3. Mai	3. Mailing Address				* * *	110 10101 10111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,, .,,,,,,,,,,		18 91119 1181 1881	
Suite, Apt.	. #, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & Stat	te		City	City & State				4. FEI Number 65-0866675					Applied For Not Applicable	
Zip Country			Zip		Count	Country 5.			Status Desi	red [\$	8.75 A	dditional	1
	6. Name	and Address of C	urrent Registere	Registered Agent			7. N	lame and A	ddress of N	lew Regist				_
DAVIS, M							Street Address (P.O. Box Number is Not Acceptable)							
2490 S.W MIAMI FL	v. 4th avei -	NUE												\dashv
					•	City					FL	Zip Co	de	1
	e named entity tions of regist		ement for the purp	ose of changing its	registere	d office or	registered age	ent, or both,	in the State	of Florida.	I am fa	miliar with	, and accept	
SIGNATURE .	Signature, typed	or printed name of registe	red agent and title if app	licable. (NOTE	: Registered	Agent signatur	e required when re	instating)		•	DATE			
Afte	r May 1, 200	FEE IS \$150.	50.00						on Campaig Fund Contri	•	ng 🗆		00 May Be	
10.	K Payable to	Plorida Departr	RS AND DIRECTO					DITIONS/CI	JANGES TO	OCCIOED	S AND I	DECTO	00 INI 11	4
TITLE :	PD DAVIS, M	1.	IO AND DIFIECTO	☐ Delete	TITLE		שה	<u>DITIONO/O</u>	IANGLOTO	OFFICER		☐ Change	Addition	18
NAME STREET ADDRESS CITY-ST-ZIP		. 4TH AVENUE				T ADDRESS ST-ZIP								2034 (1
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TITLE				☐ Delete	TITLE			·		مستتان فالتناسخ		☐ Change	Addition	
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STREET ADDRESS CITY-ST-ZIP	; . .				STREE CITY-S	T ADDRESS ST-ZIP	,							

12. I hereby certify that the information supplied with this filling 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 exprowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

305-751-3625