

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State
 04-21-2000 90178 043 ***150.00

DOCUMENT # P99000091727

Entity Name

SEYER, INC.

Principal Place of Business

Mailing Address

1300 LINCOLN RD STE #204
 BEACH FL 33139

1300 LINCOLN RD STE #204
 MIAMI BEACH FL 33139-2223

642118



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

204

City & State

MIAMI FL

City & State

MIAMI FLORIDA

4. FEI Number

650989497

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

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

REYES, MARIA L
1300 LINCOLN RD STE #204
MIAMI BEACH FL 33139

Name **TIMOTHY K SUTHERLAND**

Street Address (P.O. Box Number is Not Acceptable)

1300 LINCOLN RD STE #204

City **MIAMI**

FL

Zip Code

33139-2223

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/12/2000

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	REYES, MARIA L	
STREET ADDRESS	1300 LINCOLN RD STE #204	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SUTHERLAND, TIMOTHY KENNETH	
STREET ADDRESS	1300 LINCOLN RD STE #204	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMOTHY KENNETH SUTHERLAND	
STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES MARIA LUISA	
STREET ADDRESS	1300 LINCOLN RD STE #204	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/2000

Date

305(6739149)

Daytime Phone #

CR2E034 (9/99)