

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S92511

1. Entity Name

SEECK ENTERPRISES, CORP.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90008 016 ***150.00

Principal Place of Business

5203 N.W. 187TH ST.
MIAMI FL 33055

Mailing Address

5203 N.W. 187TH ST.
MIAMI FL 33166-2653

2. Principal Place of Business

8399 N.W. 66 Street - Suite # 5

3. Mailing Address

8399 N.W. 66 Street

Suite, Apt. #, etc.

Suite # 5

Suite, Apt. #, etc.

Suite # 5

City & State

MIAMI, Florida

City & State

MIAMI, Florida

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0294131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAVARRO, GUILLERMO F.
5203 NW 187TH STREET
#420
MIAMI FL 33055

7. Name and Address of New Registered Agent

Name Navarro, Guillermo F.
Street Address (P.O. Box Number is Not Acceptable)
8399 NW 66 Street - Suite 5
City MIAMI FL Zip Code 33166

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

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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SEECK, SUSANA G. 5203 NW 187 STREET MIAMI FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP NAVARRO, GUILLERMO F. 5203 NW 187TH STREET MIAMI FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SEECK, Susana G. 8399 NW 66 Street - Suite 5 Miami, FL 33166 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition of address |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP NAVARRO, GUILLERMO F. 8399 NW 66 Street - Suite 5 MIAMI, FL 33166 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition of address |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

Susana G. Seeck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/00

Date

(305) 621-5022

Daytime Phone #

CFR2E034 (9/99)