

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000037404

**Entity Name:** SEESIDE INC.

**Current Principal Place of Business:**

4770 BISCAYNE BLVD #400  
MIAMI, FL 33137

**Current Mailing Address:**

4770 BISCAYNE BLVD #400  
MIAMI, FL 33137 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROBERT ALL LAW, P.A.  
1441 BRICKELL AVE #1400  
MIAMI, FL 33131 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name LUCIGNANI, GIANFRANCO  
Address 3550 GALT OCEAN DR #903  
City-State-Zip: FT LAUDERDALE FL 33308

Title D  
Name ESPOSITO, ELENA  
Address 1441 BRICKELL AVE #1400  
City-State-Zip: MIAMI FL 33131

Title D  
Name ESPOSITO, TERESA  
Address 1441 BRICKELL AVE #1400  
City-State-Zip: MIAMI FL 33131

Title VPD  
Name VERDOLIVA, AGOSTINO  
Address 4770 BISCAYNE BLVD #400  
City-State-Zip: MIAMI FL 33137

Title D  
Name VERDOLIVA, CIRO  
Address 4770 BISCAYNE BLVD #400  
City-State-Zip: MIAMI FL 33137

Title D  
Name VERDOLIVA, LUCA  
Address 4770 BISCAYNE BLVD #400  
City-State-Zip: MIAMI FL 33137

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LUCIGNANI , GIANFRANCO

P

04/30/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date