

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90356 028 ***150.00

769083

DO NOT WRITE IN THIS SPACE

DOCUMENT # 584146
1. Entity Name Seaflet Inc.

Principal Place of Business 7508 NW 54 ST
 miami Fl 33166-4223
Mailing Address P.O.Box 667536
 miami Fl 33166

2. Principal Place of Business Same
3. Mailing Address P.O.Box 667536
 Suite, Apt. #, etc.

City & State Same
City & State Miami Fl

Zip Same
Country U.S.A
Zip 33166
Country U.S.A

4. FEI Number 591903662
 Applied For Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Menéndez Mariella S
 424 W. 15 ST
 Hialeah Fl 33010

7. Name and Address of New Registered Agent
 Name Juan Carlos Esquivel
 Street Address (P.O. Box Number is Not Acceptable) 7508 NW 54 ST
 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 *Mariella S Menendez* (NOTE: Registered Agent signature required when reinstating)
 DATE 4/27/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	P	<input checked="" type="checkbox"/> Delete
NAME	Menendez Mariella S	
STREET ADDRESS	424 W 15 ST	
CITY-ST-ZIP	Hialeah Fl 33010	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	Perez, Nora A.	
STREET ADDRESS	424 W 15 ST	
CITY-ST-ZIP	Hialeah Fl 33010	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Juan Carlos Esquivel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7508 NW 54 ST	
STREET ADDRESS	Miami Fl 33166	(D)
CITY-ST-ZIP		
TITLE	Diana Yepes	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7508 NW 54 ST	
STREET ADDRESS	Miami Florida 33166	(D)
CITY-ST-ZIP		
TITLE	Andres Salazar	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7508 NW 54 ST	
STREET ADDRESS	Miami Fl 33166	(D)
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 an address, with all other lists empowered.

SIGNATURE: *[Signature]* **DATE:** 4/27/01 **DAYTIME PHONE #:** (305) 887-4316

CR2E034 (11/00)