FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 12, 2000 8:00 am Secretary of State **DOCUMENT # 673601** 1. Entity Name 05-12-2000 90053 021 ***150.00 SEA-CAM, INC. Mailing Address Principal Place of Business 2121 W OAKLAND PARK BLVD 2121 W OAKLAND PARK BLVD FT LAUDERDALE FL 33311-1507 FT LAUDERDALE FL 33311 731809 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2076018 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAWES, WILLIAM R. Street Address (P.O. Box Number is Not Acceptable) TWO SOUTH BISCAYNE BLVD., SUITE 1820 MIAMI FL 33131 of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity subr s this stater ne purpose SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typ applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement d elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE MONTEIRO, GEORGE L., JR NAME STREET ADDRESS 7161 NW 48 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 a bithat 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 expowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all off SIGNATURE: Daytime Phone # SIGNATURE AND