

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90153 032 \*\*\*150.00

**DOCUMENT # M08986**

1. Entity Name  
**SEABOARD WAREHOUSE TERMINALS, INC.**

**765419**



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br><b>9350 S DIXIE HWY., SUITE 900<br/>         MIAMI FL 33156</b> | Mailing Address<br><b>9350 S DIXIE HWY., SUITE 900<br/>         MIAMI FL 33156</b> |
|--|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>3455 N.W. 54 St.</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>[REDACTED]</b><br>Suite, Apt. #, etc. |
|--|--|

|                                 |                                   |                                    |  |
|---------------------------------|-----------------------------------|------------------------------------|--|
| City & State<br><b>Miami FL</b> | City & State<br><b>[REDACTED]</b> | 4. FEI Number<br><b>59-2476590</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>33142</b>             | Country                           | Zip<br><b>[REDACTED]</b>           | Country  |

|   |
|---|
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|---|

6. Name and Address of Current Registered Agent  
**MARCIANO, SHELLEY  
 9350 S DIXIE HWY., SUITE 900  
 MIAMI FL 33156**

7. Name and Address of New Registered Agent  
 Name **Gulfstream Companies, LLC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9350 South Dixie Hwy., #900**  
 City **Miami** FL Zip Code **33156**

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]* **PRESIDENT**  
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, 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                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DV<br/>BLANK, TONY<br/>9350 S DIXIE HWY #900<br/>MIAMI FL</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>BLANK, ANDREW<br/>9350 S DIXIE HWY #900<br/>MIAMI FL</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DCCE<br/>BLANK, MARK<br/>9350 S DIXIE HWY #900<br/>MIAMI FL</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: *[Signature]* **MARIC BLANK** Date **5/1/00** Daytime Phone # **305-670-2323**

CR2E034 (10/00)