

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90155 019 ***550.00

DOCUMENT # P99000065888

1. Entity Name
SEALAND TRADING CORPORATION

Principal Place of Business
8180 N.W. 36 STREET.#100
MIAMI FL 33166

Mailing Address
2710 BRIM WAY
C/O LAURA HERON
COOPER CITY FL 33026



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2710 BRIM WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
COOPER CITY, FL

City & State
1

4. FEI Number
65-0941666

Applied For
 Not Applicable

Zip
33026

Country
U.S.A

Zip Country

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

6. Name and Address of Current Registered Agent

SAENZ, RAUL M
8180 N.W. 36 STREET,#100
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name
LAURA HERON
 Street Address (P.O. Box Number is Not Acceptable)
2710 BRIM WAY
COOPER CITY, FL.
 City
COOPER CITY FL Zip Code
33026

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 Laura A. Heron

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
DP Delete
 NAME
ROBERTS, KRISTEN
 STREET ADDRESS
2710 BRIM WAY
 CITY-ST-ZIP
COOPER CITY FL 33026

TITLE
DP Change Addition
 NAME
LAURA HERON
 STREET ADDRESS
2710 BRIM WAY
 CITY-ST-ZIP
COOPER CITY, FL. 33026

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
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 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 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 like empowered.

SIGNATURE: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01 (954) 704-2304
 Date Daytime Phone #

CR2E034 (5/01)