2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 90708 009 ***150.00

0346931 AV

DOCUMENT # P93000064043

1. Entity Name
SEVEN SEAS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
10225 NW 33RD STREET SUNRISE FL 33351 US	10225 NW 33 STREET SUNRISE FL 33351 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2183 N. POWERLINE RD	2183 N. POWERLINE RD
Suite, Apt. #, etc. SUITE 2	Suite, Apt. #, etc. SUITE 2
City & State POMPANO BEACH, FL	City & State POMPANO BEACH, FL
Zip 33069 Country BROWARD	Zip 33069 Country BROWARD

4. FEI Number 65-0435686 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMOLLER, BRUCE
100 SE 2ND ST.
STE #2620
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name BENZAKEN, MEIR
Street Address (P.O. Box Number is Not Acceptable)
20600 NE 22 PLACE
City NORTH MIAMI BEACH FL Zip Code 33180

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] MEIR BENZAKEN, PRESIDENT 05/13/02
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS BENZAKEN, ASSI 1950 SOUTH OCEAN DR, #9-F HALLANDALE FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BENZALEEN, MEIR 3610 YACHT CLUB DR, #1203 AVENTURA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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] MEIR BENZAKEN, PRESIDENT 05/13/02 954 7460577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #