

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 197096**

1. Entity Name  
**SEACOAST EQUIPMENT CORP.**

Principal Place of Business

7970 N.W. 64TH STREET  
MIAMI FL 33166  
US

Mailing Address

P. O. BOX 624  
MIAMI FL 33152

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0807975**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAY, LARRY**  
**7970 NW 64TH ST.**  
**MIAMI FL 33166**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTD	JAY, LARRY		
STREET ADDRESS	7970 NW 64TH ST.		
CITY-ST-ZIP	MIAMI FL		
VSD	JAY, PAUL		
STREET ADDRESS	7970 NW 64TH ST.		
CITY-ST-ZIP	MIAMI FL		

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: Larry Jay Pres. Date: 2-16-2000 Daytime Phone #: 305-594-4940

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90017 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)