

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State
 03-03-2000 90010 045 ***150.00

DOCUMENT # 481876

Entity Name
SEACAP CORPORATION

Principal Place of Business SOUTH BISCAYNE BLVD 2480 FL 33131	Mailing Address 2 SOUTH BISCAYNE BLVD SUITE 2480 MIAMI FL 33131-1803
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Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1619557	Applied For	<input type="checkbox"/>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIPCON, CHARLES R 2 SOUTH BISCAYNE BLVD SUITE 480 MIAMI FL 33131	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P	<input type="checkbox"/> Delete LANGER JURGEN, WOLF DR ALTER STEINBACHER WEG 2 D-35394 GIESSEN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		NAME	
ADDRESS		STREET ADDRESS	
		CITY-ST-ZIP	
AIF	<input type="checkbox"/> Delete TAPROOGE-LANGER, CHRISTIANE DR ALTER STEINBACHER WEG 2 D-35394 GIESSEN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		NAME	
ADDRESS		STREET ADDRESS	
		CITY-ST-ZIP	
S	<input type="checkbox"/> Delete LANGER, GUNTER DR ERNST-ECKSTEIN-STRABE 4 D-35394 GIESSEN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		NAME	
ADDRESS		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

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: *Jürgen Langer* **Jürgen Langer, President** **January 26, 2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)