

AS AMENDED

FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT -7 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700008327027--5
-10/11/02--01003--021
*****61.25 *****61.25

DOCUMENT # 659309
1. Entity Name
SEACOAST SPECIALTIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1701 AVENIDA DEL SOL	3. Mailing Address 1701 AVENIDA DEL SOL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33432	Zip 33432
Country USA	Country USA

4. FEI Number 591978212	Applied For Not Applicable
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DO NOT WRITE IN THIS SPACE

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

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, 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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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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11. OFFICERS AND DIRECTORS			
TITLE	MURRAY, RICHARD L	TITLE	
NAME	575 N.W. 13TH AVENUE	NAME	
STREET ADDRESS	BOCA RATON FL 33486	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	MURRAY, RICHARD T.	TITLE	
NAME	575 N.W. 13TH AVENUE	NAME	
STREET ADDRESS	BOCA RATON FL 33486	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	MURRAY, JAY C	TITLE	
NAME	575 N.W. 13TH AVENUE	NAME	
STREET ADDRESS	BOCA RATON FL 33486	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DENNIS ROBICHAUD	TITLE	
NAME	21391 TOWN LAKES DR, # 1 210	NAME	
STREET ADDRESS	BOCA RATON FL 33486	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

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

Date _____ Daytime Phone # _____

CR2E034B (12/01)

2/10/8/02