## **FILED**

Feb 17, 2002 8:00 am Secretary of State

02-17-2002 90105 015 \*\*\*150.00

## **2002 UNIFORM BUSINESS REPORT (UBR)**

F01000004886

1. Entity Name

SEAGROVE TRADING INC.

DOCUMENT #

| Principal Place of Business |
|-----------------------------|
| 701 BRICKELL AVE.           |
| SUITE 3000                  |
| MIAMI FL 33131              |

Zip

SIGNATURE

Mailing Address

701 BRICKELL AVE.

SUITE 3000 MIAMI FL 33131

| 2. Principal Place of Business | 3. Mailing Address  |  |
|--------------------------------|---------------------|--|
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |  |
| City & State                   | City & State        |  |



DO NOT WRITE IN THIS SPACE

Country Zip Country

4. FEI Number 65-1137444 5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For Not Applicable

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE. SUITE 3000 MIAMILEL 33131

| 7. Name a | and Address o | of New | Registered | Agent |
|-----------|---------------|--------|------------|-------|
|           |               |        |            |       |

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

City

Name

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, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

| 1000 01110                             | ina on back)  | Make Check Payable | to Department of State                | € . |                                |              |            |
|--|---|--------------------|---------------------------------------|-----|--------------------------------|--------------|------------|
| 11.                                    | OFFICERS AND DIRECTORS  |                    | 12.                                   | AD  | DITIONS/CHANGES TO OFFICERS AN | ND DIRECTORS | S IN 11    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD<br>ALVAREZ-RENTA, LUIS<br>701 BRICKELL AVE.<br>MIAMI FL 33131    | ☐ Delete           | TITLE NAME STREET ADDRESS CITY-ST-ZIP |     |                                | ☐ Change     | ☐ Addition |
| TITLE NAME STREET ADDRESS* CITY-ST-ZIP | V<br>ALVAREZ-RENTA, LUIS JR.<br>701 BRICKELL AVE.<br>MIAMI FL 33131 | ☐ Delete           | TITLE NAME STREET ADDRESS CITY-ST-ZIP |     | -                              | ☐ Change     | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | V<br>HAGEN, STEVEN H<br>701 BRICKELL AVE.<br>MIAMI FL 33131         | ☐ Delete           | TITLE NAME STREET ADDRESS CITY-ST-ZIP |     |                                | ☐ Change     | Addition ( |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | s<br>Rodriguez, Zaida<br>701 Brickell Ave.<br>Miami Fl 33131        | ☐ Delete           | TITLE NAME STREET ADDRESS CITY-ST-ZIP |     |                                | ☐ Chaлge     | Addition   |
| TITLE NAME STREET ADDRESS CITY_ST_ZIP  |   | ☐ Delete           | TITLE NAME STREET ADDRESS             | •   |                                | ☐ Change     | Addition   |

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

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

☐ Delete

☐ Change

☐ Addition

CR2E034 (9/01)