

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90199 009 ***150.00

DOCUMENT # F99000000487

1. Entity Name
SEAMASTER (USA), INC.

Principal Place of Business Mailing Address
899 SOUTH AMERICAN WAY 899 SOUTH AMERICAN WAY
MIAMI FL 33132 MIAMI FL 33132

2. Principal Place of Business 3. Mailing Address
899 SOUTH AMERICA WAY 899 SOUTH AMERICA WAY
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FL MIAMI, FL

Zip Country Zip Country
33132 USA 33132 USA

4. FEI Number **65-0896061** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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, 2001 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

TITLE ☐ Delete
 NAME **C**
 STREET ADDRESS **CRAWFORD, A.S.**
 CITY-ST-ZIP **GATE HOUSE, 1 FARRNIGDON STREET LONDON EC4M 7NS**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DEVINE, J.P.**
 CITY-ST-ZIP **GATE HOUSE, 1 FARRNIGDON STREET LONDON EC4M 7NS**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BARKER, A.N.**
 CITY-ST-ZIP **GATE HOUSE, 1 FARRNIGDON STREET LONDON EC4M 7NS**

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **FIRTH, BRUCE W**
 CITY-ST-ZIP **1101 BRICKELL AVE, SUITE 302-S MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 title empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE FIRTH

Date

Daytime Phone #

APR 23 2001 305 371 7722

CR2E034 (10/00)