

-2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G27175**

1. Entity Name
FIVE SEAS INVESTORS, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90076 037 ***150.00

Principal Place of Business 3850 HOLLYWOOD BLVD SUITE 400 HOLLYWOOD FL 33021	Mailing Address 3850 HOLLYWOOD BLVD SUITE 400 HOLLYWOOD FL 33021-6746
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-2346893	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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

**CORNFELD, ROBERT M.
3850 HOLLYWOOD BLVD
STE 400
HOLLYWOOD FL 33021**

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 _____ (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)

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

TITLE PD	<input type="checkbox"/> Delete
NAME METZ, HELENE	
STREET ADDRESS 3850 HOLLYWOOD BLVD #400	
CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE VP	<input type="checkbox"/> Delete
NAME CORNFELD, ROBERT M	
STREET ADDRESS 3850 HOLLYWOOD BLVD #400	
CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE VP/D	<input type="checkbox"/> Delete
NAME CORNFELD, JEFFREY D.	
STREET ADDRESS 3850 HOLLYWOOD BLVD. #400	
CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: _____ **Robert M. Cornfeld** **4/10/00** **(954) 989-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)