

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H86452

1. Entity Name

SEA CREST INVESTMENTS, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90127 025 ***150.00

Principal Place of Business

E.C. BLISS
 135 OCEAN DRIVE
 MIAMI BCH. FL 33139

Mailing Address

E.C. BLISS
 135 OCEAN DRIVE
 MIAMI BCH. FL 33139-7201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#202

Suite, Apt. #, etc.

#202

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2633847

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLISS, E.C.
 135 OCEAN DR.
 MIAMI BCH. FL 33139

7. Name and Address of New Registered Agent

Name Ted A. Bliss

Street Address (P.O. Box Number is Not Acceptable)
 400 S. Pointe Drive, #2302

Miami Beach,

33139

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]

Ted Bliss, President

APRIL 28, 2000

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	V	<input checked="" type="checkbox"/> Delete
NAME	BLISS, E.C.	
STREET ADDRESS	135 OCEAN DR	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BLISS, AIDA	
STREET ADDRESS	135 OCEAN DR	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLISS, TED	
STREET ADDRESS	135 OCEAN DRIVE	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLISS, IRENE	
STREET ADDRESS	135 OCEAN DR.	
CITY-ST-ZIP	MIAMI BCH. FL	
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	VAD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T, D	<input type="checkbox"/> Change <input checked="" 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:

Irene J. Bliss Irene F. Bliss, Secretary

04/28/2000 (305) 672-6646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)