2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J16275 1. Entity Name . SEBASTIAN HOLDINGS, INC.					OO JAN 10 AM 10: L8				
Principal Place	e of Business			l l					
3640 AVOGÁDO AVENUE COCONUT GROVE FL 33133-6206		3640 AVOCADO AVENUE COCONUT GROVE FL 33133-6206			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NO	OT WRITE IN THIS	S SPACE		
City & State		City & State		4. (El Number 59-26	96249	<u> </u>	oplied For of Applicable]
Zip Country		Zip	Country		Certificate of Status De	esired 🗶	\$8.75 Add		
	6. Name and Address of Currer	nt Registered Agent	<u> </u>	<u>7.</u> f	lame and Address of	New Registered			<u> </u>
<u>.</u>			Name	HX 157	ER LUN	PIN			
3670	ak, thomas Justison RD II Fl 33133			ox Number is Not Acc		-			
8. The above	named entity submits this statement	//	is registered office or	registered ag	UE MIAN ent, or both, in the Sta	te of Florida.		\$3-6206	3
Tax filing re	ration is eligible to satisfy its Intangib equirement and elects to do so. ia on back)	After MAY 1, 2	V!!! FEE IS \$150.0 2000 Fee will be \$59 able to Department	50.00	10. Election Campa Trust Fund Con	-		May Be	1
11.		D DIRECTORS	12.	AD	DITIONS/CHANGES	TO OFFICERS AN			_
TITLE	PD LUNDIN, CHRISTER	☐ Delete	TITLE NAME			A _	🔀 Change	Addition	OF024 /0/90
NAME STREET ADDRESS	3670 JUSTISON RD		STREET ADDRESS	-	AUOCAO			ĺ	3
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Cocon	47 GEOUF.	MIAMI		133-6206	ļ. Li
TITLE	TSD THOMAS	☐ Delete	TITLE			4	🔀 Change	Addition	
NAME STREET ADDRESS	ROZAK, THOMAS 3670 JUSTISON RD		NAME Street Address	3640	AUDCADO I	HOE		!	1
CITY+ST-ZIP	MIAMI FL		CITY-ST-ZIP	8050N	UT GROVE	-MIAMi	FLA33.	1336206	1
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	•	1000	03 09 9	36 71 -01097		~4
CITY-ST-ZIP			CITY-ST-ZIP			***158.75) ******] ——————	58. rs	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition	
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	Addition	1
NAME STREET ADDRESS : CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		,	^ -			
TITLE		☐ Delete	TITLE	.,	: 1 4	ra	☐ Change	☐ Addition	
NAME			NAME expect andrese					ı	(
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		! •				
indicated of the cor	ertify that the information supplied w on this report or supplemental report poration or the receiver of trustee em or on an attachment with an address	is true and accurate and that powered to execute this report, with all other like empowere.	i my signature shall ha rt as required by Char d.	ive the same oter 607, Flori	legal effect as if made da Statutes; and that r	under oath; that ny name appears	i am an onicer s in Block 11 or	or director r Block 12 if	
SIGNAT	URE: SIGNATURE AND TYPED OF	P PRINTED NAME OF SIGNING OFFICE	HRISTER L	CAN OIL	J JAN7,	2000	774-9 Daytime Phone #	484	