

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90242 031 ****55.00

DOCUMENT # L00000015473

1. Entity Name

SEAHAWK NORTH AMERICA, LLC

Principal Place of Business

4000 HOLLYWOOD BLVD.. STE. 765-S
HOLLYWOOD FL 33021

Mailing Address

4000 HOLLYWOOD BLVD.. STE. 765-S
HOLLYWOOD FL 33021

2. Principal Place of Business

6175 NW 153RD STREET

3. Mailing Address

6175 NW 153RD STREET

Suite, Apt. #, etc.

325

Suite, Apt. #, etc.

325

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKE, FL

Zip

33014

Country

USA

Zip

33014

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1061230

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	DIPPLE, RICHARD A	3533 W. FAIRVIEW ST	MIAMI FL 33133	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	SPINELLI, RODOLFO F	635 EUCLID AVE., #105	MIAMI BEACH FL 33139	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4-12-02 305-827-7910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #