

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90131 024 ****50.00

DOCUMENT # L01000012036

1. Entity Name

SEACOAST INTERNATIONAL MORTGAGE COMPANY, LLC

Principal Place of Business

**2951 SOUTH BAYSHORE DRIVE
 SUITE 213
 COCONUT GROVE FL 33133**

Mailing Address

**2951 SOUTH BAYSHORE DRIVE
 SUITE 213
 COCONUT GROVE FL 33133**

961521

2. Principal Place of Business

1001 Brickell Bay Dr

3. Mailing Address

1001 Brickell Bay Dr.

Suite, Apt. #, etc.

2410

Suite, Apt. #, etc.

2410

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

U.S.A

Zip

33131

Country

USA

4. FEI Number

65 1122317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PETERSEN, JOHN
 2951 SOUTH BAYSHORE DRIVE
 SUITE 213
 COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

Name **John Petersen**

Street Address (P.O. Box Number is Not Acceptable)

1001 Brickell Bay Dr., Suite 2410

City

Miami

FL

Zip Code

33131

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 **John Petersen**

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

(NOTE: Registered Agent signature required when reinstating)

4-26-02

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **Member** ☐ Delete
 NAME **Richard Dunin**
 STREET ADDRESS **1001 Brickell Bay Dr., Suite 2410**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE **Member** ☐ Delete
 NAME **Seth Nachman**
 STREET ADDRESS **5372 Fisher Island Dr**
 CITY-ST-ZIP **Miami, FL 33109**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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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 CITY-ST-ZIP

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

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: **Richard Dunin - Member**

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

4-26-02

Date

305-373-5020

Daytime Phone #