2000 UNIFORM BUSINESS REPORT (UBR)

L96000000867 DOCUMENT # 1. Entity Name 00 APR 23 AM 9: 07 SEABORNE VENTURES, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7450 SW 105TH TER 7450 SW 105TH TER SUITE B SUITE B MIAMI FL 33156-3806 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE (hnm Applied For City & State City & State 4. FEI Number 65-0758941 Not Applicable Country Zip Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GASQUE, JOHN Street Address (P.O. Box Number is Not Acceptable) 7450 SW 105TH TER **SUITE B** MIAMI FL 33156 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** (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. Addition MGR TITLE (Change TITLE Defete OCEAN EXPLORATION CORPORATION NAME NAME 7450 SW 105TH TER SUITE B STREET ADDRESS STREET ADDRESS MIAMI FL 33156 CITY-ST-ZIP CITY-81-ZIP Change Addition ☐ Delate TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP (Change ■ Addition TITLE ☐ Belate TITLE 000003244820---05/03/00--01032--<u>0</u>07 NAME MAME STREET ADDRESS STREET ADDRESS *****50.00 *****50.00 CITY-ST-7tP CITY- ST- ZIP Addition Delete TATLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP Addition | Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-87-ZIP Addition Delete TITLE ☐ Cha TITLE NAME STRET ADDRESS STREET ADDRESS

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 received further empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-8T-ZIP

SIGNATURE:

CITY ST-ZIP

SIGNATURE AND TYPED OF PRINCIP NAME OF SIGNING MANAGING MEMBER OR MANAGER

4.19.2000

APPROVED

305. 66I 9446

Daytime Phone #