## 2001 UNIFORM BUSINESS REPORT (UBR)

SEASHORE HOLDING, CORP.

Principal Place of Business

Mailing Address

## DOCUMENT # L96808 '

## FILED May 03, 2001 8:00 am Secretary of State 05-03-2001 91100 008 \*\*\*150.00

701 BRICKELL AVENUE SUITE 850 MIAMI FL 33131  2. Principal Place of Business			701 BRICKELL AVENUE SUITE 850 MIAMI FL 33131  3. Mailing Address				DVV45243				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State		<b>4.</b> F	4. FEI Number 65-0217206 Applied For Not Applicab				]	
Zip	Country Zip			Cour	itry	5. (	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
	6. Name and Address	of Current Re	gistered Agent			7. N	Name and Address of New Re	gistered A	jent		]
					Name						
SULLIVAN, JOHN S. 701 BRICKELL AVENUE					Street Address (P.O. Box Number is Not Acceptable)						1
	E 850										1
MIAN	li FL 33131				City			FL	Zip Code	e	
8. The above	named entity submits this s	statement for th	e purpose of changing its	register	ed office or r	egistered ag	ent, or both, in the State of Flori	da.			
SIGNATURE _	Signature, typed or printed name of re	edistered agent and	title if applicable. (NOT	E: Registere	d Agent signature	required when re	einstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE No.				001 Fee		0.00	10. Election Campaign Fina Trust Fund Contribution.			0 May Be	
(See criteri	a on back)		Make Check Paya		epartment :						ļ
11.		CERS AND DI	<del></del>	12.	·	AD	DITIONS/CHANGES TO OFFIC				ł٤
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STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131					-ST-ZIP						} {
	DSPT		☐ Delete	TITL	F				☐ Change	☐ Addition	18
TITLE NAME	SULLIVAN, JOHN S.		□ Delete	NAM						<b>—</b>	١
STREET ADDRESS	701 BRICKELL AVENU	E SUITE 8	50	STRI	ET ADDRESS						}
CITY-ST-ZIP	MIAMI FL 33131			CITY	-ST-ZIP						
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CITY-ST-ZIP					-ST-ZIP						
	ertify that the information so	innlied with thi	is filing does not qualify fo			d in Section 1	119.07(3)(i). Florida Statutes. Lf	urther certif	v that the in	oformation	1

Thereby certify that the information supplied with this mining does not quality for the exemption stated in section 1.19.07(3)(i), Fibrida statutes. Fiturities 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 eath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN S. SULLIVAN

4/20/01

305-381-8340

Daytime Phone #