

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 28 AM 7:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800005764558--4

-06/13/02--01013--001

\*\*\*\*750.00 \*\*\*\*150.00

DOCUMENT # **L96808**  
1. Entity Name  
**SEASHORE HOLDINGS, CORP.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>801 Brickell Avenue</b> Suite, Apt. #, etc. <b>16th Floor</b>		3. Mailing Address <b>801 Brickell Avenue</b> Suite, Apt. #, etc. <b>16th Floor</b>	
City & State <b>Miami, FL.</b>		City & State <b>Miami, FL.</b>	
Zip	Country	Zip	Country

4. FEI Number  
**65-0217206**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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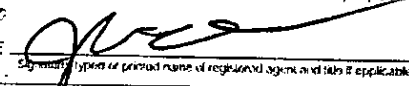
7. Name and Address of Current Registered Agent

Name  
**CT Corporation**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**

City  
**Plantation** FL Zip Code  
**33324**

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  **James A. Bordonaro** DATE **4/17/02**  
(NOTE: Registered Agent Signature required when filing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended-UBR is \$81.25  
Make Check Payable to Department of State


10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV Rodriguez-Fraile, Gonzalo 801 Brickell Avenue, 16th Floor Miami, FL. 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSPT Sullivan, John S. 801 Brickell Avenue, 16th Floor Miami, FL. 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **John S. Sullivan** DATE **3/20/02** (305) 381-8340  
Signature and typed or printed name of signing officer or director

CR2E0348 (12/01)