2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mar 10, 2003 8:00 am Secretary of State DOCUMENT # N93000000843 03-10-2003 90727 040 ****61.25 **VOLUNTEER SEA-WATCHERS OF MIAMI, INC.** Principal Place of Business Mailing Address 25 SE 2ND AVE 25 SE 2ND AVE **STE 410** STE 410 MIAMI FL 33131 MIAMI FL 33131 U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0481185 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VEGA, JOSE M Street Address (P.O. Box Number is Not Acceptable) 25 SE 2ND AVE **STE 410 MIAMI FL 33131** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Addition NAME VEGA, JOSE M NAME STREET ADDRESS 25 SE 2ND AVE STE 410 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP TITLE DS ☐ Delete TITLE ` [Change ☐ Addition NAME SIBILA, JORGE NAME STREET ADDRESS 2246 SW 1ST ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP n -TITLE Delete TIŤLĖ Change ☐ Addition VEGA, JOSE M NAME NAME STREET ADDRESS 25 SE S AVA #410 STREET ADDRESS CITY-ST-7IP **MIAMI FL 33131** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME

12. I hereby certify that the information supplied with his filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

FILED