

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002660

Entity Name
SEA RESCUE GROUP, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State
02-15-2000 90060 030 ****61.25

Principal Place of Business	Mailing Address
BOX 450964 FL 33245	P.O. BOX 450964 MIAMI FL 33245-0964

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
65-0433282	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE A
1645 NW S RIVER DR
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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.

Jose A. Rodriguez JOSE A. RODRIGUEZ PRESIDENT.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	RODRIGUEZ, JOSE A 1645 NW SOUTH RIVER DR MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	GARCIA, LUIS M 6682 S.W. 135TH CT. MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
SD	GARCIA, LUIS M 6682 SW 135TH CT MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T	MARQUES, CARLOS A 11311 SW 27TH ST MIAMI FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUIS M GARCIA 6682 SW 135th CT MIAMI FL 33183
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose A. Rodriguez* JOSE A. RODRIGUEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FEB 4 - 2000 (305) 3714321
Date Daytime Phone #

CR2E037 (9/99)