

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006665

1. Entity Name

SEVEN SEAS DEVELOPMENT CORPORATION

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91637 031 ****61.25

Principal Place of Business

2302 N LOWELL LANE
SANTA ANA CA 92706

Mailing Address

2302 N LOWELL LANE
SANTA ANA CA 92706

NEW ADDRESS

2. Principal Place of Business

~~1738 TRADEWIND LANE~~

3. Mailing Address

1738 TRADEWIND LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEWPORT BEACH

City & State

CA

Zip

92660

Country

ORANGE

Zip

Country

4. FEI Number

65-0551097

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCLAIN, MARIE M
1470 SW 19TH AVE
FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME PRATT, LAWRENCE
STREET ADDRESS 2302 N LOWELL LANE
CITY-ST-ZIP SANTA ANNA CA 92706 ☐ Delete

TITLE D
NAME PRATT, D. JANE
STREET ADDRESS 1839 WYOMING AVE, NW
CITY-ST-ZIP WASHINGTON DC 20007 ☐ Delete

TITLE D
NAME SANBORN WARREN
STREET ADDRESS 544 SO NARDO AVE
CITY-ST-ZIP SOLANA BEACH CA 92075 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT
NAME MARTIN CHEREL
STREET ADDRESS 1738 TRADEWIND LANE
CITY-ST-ZIP NEWPORT BEACH, CA. 92660 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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:

Lawrence Pratt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

714-543-2549

CR2E037 (9/01)