

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014780

1. Entity Name

SEACOAST 5700-5A, CORP.

**FILED**  
Feb 12, 2001 8:00 am  
Secretary of State

02-12-2001 90238 015 \*\*\*150.00

Principal Place of Business

5700 COLLINS AVENUE UNIT 5-A  
MIAMI BEACH FL 33140

Mailing Address

5700 COLLINS AVENUE UNIT 5-A  
MIAMI BEACH FL 33140

00020150

2. Principal Place of Business

304 Palermo Ave  
Suite, Apt. #, etc.

3. Mailing Address

304 Palermo Ave  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

Code

Zip

33134

Country

Code

4. FEE APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DESSAU, MERCEDES  
5700 COLLINS AVENUE UNIT 5-A  
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name  
Eduardo Ajala

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

5700 Collins Ave. Unit 5A

City  
MIAMI BEACH

FL

Zip Code  
33140

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

*Eduardo Ajala*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**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  
PSTD  
DESSAU, MERCEDES  
5700 COLLINS AVENUE UNIT 5-A  
MIAMI BEACH FL 33140 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES/DIRECTOR  
Eduardo Ajala  
5700 Collins Ave Unit 5A  
Miami Beach, FL 33140 ☐ 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Eduardo Ajala*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/01

Date

Daytime Phone #

0496860

CR2E034 (10/00)