

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90322 031 ***158.75

DOCUMENT # P00000042868

1. Entity Name

SEAMAR SERVICES, INC.

Principal Place of Business

Mailing Address

444 BRICKELL AVE. STE 51-366
MIAMI FL 33131-2492

444 BRICKELL AVE. STE 51-366
MIAMI FL 33131-2492

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1016436

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMUDIO, ROBERTO A
444 BRICKELL AVE. STE 51-366
MIAMI FL 33131-2492

Name

POWERS, ERIC M.

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

← same address

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

Eric M. Powers, ERIC M. POWERS, VICE PRESIDENT

4-23-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ERNST, JOHN	
STREET ADDRESS	444 BRICKELL AVE. STE 51-366	
CITY-ST-ZIP	MIAMI FL 33131-2492	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, GEORGE S	
STREET ADDRESS	444 BRICKELL AVE. STE 51-366	
CITY-ST-ZIP	MIAMI FL 33131-2492	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SAMUDIO, ROBERTO A	
STREET ADDRESS	444 BRICKELL AVE. STE 51-366	
CITY-ST-ZIP	MIAMI FL 33131-2492	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	POWERS, ERIC	
STREET ADDRESS	444 BRICKELL AVE. STE 51-366	
CITY-ST-ZIP	MIAMI FL 33131-2492	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, ERIC	
STREET ADDRESS	444 BRICKELL AVE., STE 51-366	
CITY-ST-ZIP	MIAMI, FL 33131-2492	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNELLY, CAITLYN	
STREET ADDRESS	444 BRICKELL AVE, STE 51-366	
CITY-ST-ZIP	MIAMI, FL 33131-2492	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIDAL, PABLO	
STREET ADDRESS	444 BRICKELL AVE, STE 51-366	
CITY-ST-ZIP	MIAMI, FL 33131-2492	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Eric M. Powers, ERIC M. POWERS

Date

Daytime Phone #

4-23-01 (305)970-7729

CR2E034 (10/00)