

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90043 028 \*\*\*158.75

**DOCUMENT # P00000042872**

1. Entity Name

**SEAMAR IMPORT EXPORT, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1016434**

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

*Eric M. Powers, ERIC M. POWERS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-01**

Date

**(305) 970-7729**

Daytime Phone #

CR2E034 (10/00)