

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1016434		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name POWERS, ERIC M.			

6. Name and Address of Current Registered Agent SAMUDIO, ROBERTO A 444 BRICKELL AVE. STE 51-366 MIAMI FL 33131-2492				7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) <i>same address</i> City FL Zip Code			
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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* DATE *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. <input checked="" type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 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* DATE *4-23-01* DAYTIME PHONE # *(305) 970-7729*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/00)