

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90184 035 ***158.75

DOCUMENT # P00000067670

1. Entity Name
7 SEAS TRADING, INC.



Principal Place of Business
**10200 SW 21 ST
MIRAMAR FL 33025**

Mailing Address
**10200 SW 21 ST
MIRAMAR FL 33025**



2. Principal Place of Business
916 SW 8th Ave.
Suite, Apt. #, etc.
Apt. 1

3. Mailing Address
916 SW 8th Ave
Suite, Apt. #, etc.
Apt. #1

City & State
Ft. Lauderdale FL 33315
Zip
33315 Country
USA

City & State
Ft. Lauderdale, FL
Zip
33315 Country
USA

4. FEI Number **65-1029908**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SOTOLONGO, OSCAR
10200 SW 21 ST
MIRAMAR FL 33025**

7. Name and Address of New Registered Agent

Name
Stacey Jackson
Street Address (P.O. Box Number is Not Acceptable)
916 SW 8th Ave.
Apt. #1
City
Ft. Lauderdale FL Zip Code
33315

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	SOTOLONGO, OSCAR	10200 SW 21 STREET	MIRAMAR FL 33025	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Stacey Jackson	916 SW 8th Ave. Apt. #1	Ft. Lauderdale, FL 33315	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, 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: SIGNATURE REQUIRED

3/6/03 (786)457-6490

Date

Daytime Phone #

CR2F034 (10/02)