

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90258 026 \*\*\*150.00

**DOCUMENT # P00000084125**

1. Entity Name  
**SEASTAR INVESTMENTS, INC.**

Principal Place of Business  
**13155 IXORA COURT, SUITE 1011**  
**NORTH MIAMI FL 33181**

Mailing Address  
**13155 IXORA COURT, SUITE 1011**  
**NORTH MIAMI FL 33181**

2. Principal Place of Business  
**13305 Biscayne Bay Terr.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**13305 Biscayne Bay Terr.**  
 Suite, Apt. #, etc.

City & State  
**NORTH MIAMI FL.**  
 Zip  
**33181**  
 Country  
**USA**

City & State  
**NORTH MIAMI FL.**  
 Zip  
**33181**  
 Country  
**USA**

4. FEI Number **65-1037461**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FAGGELLA, IRENE**  
**13155 IXORA COURT, SUITE 1011**  
**NORTH MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name **FAGGELLA, IRENE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13305 Biscayne Bay Terr.**  
 City **NORTH MIAMI FL** Zip Code **33181**

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 \_\_\_\_\_  
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, 2002 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 **D** ☐ Delete  
 NAME **FAGGELLA, IRENE**  
 STREET ADDRESS **13155 IXORA COURT, SUITE 1011**  
 CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
 NAME **FAGGELLA, IRENE**  
 STREET ADDRESS **13305 Biscayne Bay Terr.**  
 CITY-ST-ZIP **NORTH MIAMI FL 33181**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED IRENE FAGGELLA** 04-28-02 305 495 2991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)