

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90963 039 ***150.00

DOCUMENT # P01000035537



1. Entity Name
SEAMUX BLUE PACIFIC, INC.

Principal Place of Business
**7472 NORTH VISCAYA CIRCLE
MARGATE FL 33063**

Mailing Address
**7472 NORTH VISCAYA CIRCLE
MARGATE FL 33063**



2. Principal Place of Business
7472 VISCAYA CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
7472 VISCAYA CIRCLE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MARGATE, FL
Zip
33063
Country
BROWARD

City & State
MARGATE, FL
Zip
33063
Country
BROWARD

4. FEI Number **65-1093103**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**XIEFENG, XIE
7472 VISCAYA CIRCLE
MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name **YUEFENG, XIE**
Street Address (P.O. Box Number is Not Acceptable)
7472 VISCAYA CIRCLE
City **MARGATE** **FL** Zip Code **33063**

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 **XIE, YUEFENG, PRESIDENT** **04/04/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD	<input type="checkbox"/> Delete
NAME XIE, YUEFENG	
STREET ADDRESS 7472 NORTH VISCAYA CIRCLE	
CITY-ST-ZIP MARGATE FL 33063	
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **XIE, YUEFENG, PRESIDENT, 04/04/2003, 8091**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)