FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90084 029 ***150.00

DOCUMENT # P01000103659

1. Entity Name

SEA SAINT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5945 S.W. 85th Ave
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State

4. FEI Number
01-0621355
☐ Applied For
☐ Not Applicable

Zip
33143

Country
MIAMI-DADE

Zip

Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DOUGLAS J. SANDERS, Esq.

Street Address (P.O. Box Number is Not Acceptable)
13627 DEERING BAY DRIVE, #704

City
CORAL GABLES FL

Zip Code
33158

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (FOR A Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	Richard Saint-Gaudens
STREET ADDRESS	5945 S.W. 85th Ave.
CITY-ST-ZIP	Miami FL 33143
TITLE	D
NAME	Catheryn Carlota Lamons
STREET ADDRESS	10451 S.W. 46th Terr.
CITY-ST-ZIP	Miami FL 33165
TITLE	D
NAME	Cynthia Diane Morgan
STREET ADDRESS	5945 SW 85th Ave
CITY-ST-ZIP	Miami, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Saint-Gaudens 4/28/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #