2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mar 13, 2003 8:00 am Secretary of State P01000118438 **DOCUMENT #** 1. Entity Name 03-13-2003 90086 022 ***150.00 SEASTAR TECHNOLOGIES, INC. Principal Place of Business Mailing Address 8180 NW 36TH ST 8180 NW 36TH ST SUITE 239 SUITE 239 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 22-3850303 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent . 7...Name and Address of New Registered Agent TRIED HELL TERRAS, FERNANDA Street Address (P.O. Box Number is Not Acceptable 8180 NW 36TH ST **SUITE 239** MIAMI FL 33166 иаті 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME KITTLER, FRIEDHELM NAME STREET ADDRESS 8180 NW 36TH ST. #239 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP TITLE STD Delete Delete TITLE Change ☐ Addition NAME terras, maria f NAME STREET ADDRESS 8180 NW 36TH ST. #239 STREET ADDRESS CITY-ST-7/P MIAMI FL 33166 CITY-ST-ZIP TITLE ۷D ☐ Delete TITLE - Change Addition NAME SEIXAS, BERNARDINO M NAME STREET ADDRESS 8180 NW 36TH ST. #239 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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FRIED HELM KITTLER SIGNATURE AND TYPED O

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: