

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91302 050 ***150.00

0005967 AT

DOCUMENT # P02000132387

1. Entity Name
SEBASTIAN 860, INC.



Principal Place of Business
3255 NE 184TH STREET #12210
AVENTURA FL 33160

Mailing Address
3255 NE 184TH STREET #12210
AVENTURA FL 33160

11024151



2. Principal Place of Business

3255 N.E. 184 St.

Suite, Apt., #, etc.
#12210

3. Mailing Address

3255 N.E. 184 St.

Suite, Apt., #, etc.
#12210

☐ CHECK HERE IF MAKING CHANGES

City & State

Aventura, FL

City & State

Aventura, FL

4. FEI Number

61-1437675

Applied For

☐ Not Applicable

Zip

33160

Country

U.S.A

Zip

33160

Country

U.S.A

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, JACKIE
3255 NE 184TH STREET #12210
AVENTURA FL 33160

7. Name and Address of New Registered Agent

Name JACKIE EVANS

Street Address (P.O. Box Number is Not Acceptable)

3255 N.E. 184 St. #12210

City Aventura

FL

Zip Code 33160

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]
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 25, 03

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

TITLE D ☐ Delete
NAME EVANS, JACKIE
STREET ADDRESS 3255 NE 184TH STREET #12210
CITY-ST-ZIP AVENTURA FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 03

Date

Daytime Phone #

(305) 418-0049

CR2E034 (10/02)