

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000023377

1. Entity Name
UNIVERSAL SEAS, INC.



Principal Place of Business
7270 NW 12TH ST., STE. ~~550~~ 550
MIAMI, FL 33126

Mailing Address
7270 NW 12TH ST., STE. ~~550~~ 550
MIAMI, FL 33126

FILED

04 SEP -9 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
7270 NW 12 STREET

3. Mailing Address
SAME

Suite, Apt. #, etc.
SUITE 550

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip
33126

Country
USA

Zip

Country

06032004

Chg-P

CR2E034 (10/03)

MRD

4. FEI Number
04-3743948

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARTMANN, WILHEM O
7270 NW 12TH ST., STE. ~~550~~ 550
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HARTMANN, WILHELM O
STREET ADDRESS 7270 NW 12TH ST., STE. ~~550~~ 550
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 300041128933
CITY-ST-ZIP 09/17/04--01076--012 **150.00

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SEP 02 / 2004