

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90008 002 ***150.00

DOCUMENT # P26221

1. Entity Name
SEAFAR AMERICA, INC.

Principal Place of Business 333 SOUTH HIGHLAND AVE. BRIARCLIFF MANOR NY 10510 US	Mailing Address 333 SOUTH HIGHLAND AVE. BRIARCLIFF MANOR NY 10510-2031 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 13-5438420	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 D Delete <input type="checkbox"/>	NAME LOHAUS, PETER E STREET ADDRESS 333 S. HIGHLAND AVE. CITY-ST-ZIP BRIARCLIFF MANOR NY
TITLE PD Delete <input type="checkbox"/>	NAME CALLAGHAN, PATRICK J STREET ADDRESS 333 S. HIGHLAND AVE. CITY-ST-ZIP BRIARCLIFF MANOR NY
TITLE D Delete <input type="checkbox"/>	NAME BROWN, GARY W. STREET ADDRESS 333 S. HIGHLAND AVE. CITY-ST-ZIP BRIARCLIFF MANOR NY
TITLE V Delete <input type="checkbox"/>	NAME WAIT, CHARLES STREET ADDRESS 333 S HIGHLAND AVE. CITY-ST-ZIP BRIARCLIFF MANOR NY
TITLE VT Delete <input type="checkbox"/>	NAME ANTES, RICHARD STREET ADDRESS 333 S. HIGHLAND AVE CITY-ST-ZIP BRIARCLIFF MANOR NY
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard E. Antes Date: 2/15/00 914-941-7767
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)