

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90335 047 ***550.00

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
US

B0131403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-5438420**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **SCHAER, FRITZ**
 STREET ADDRESS **333 S HIGHLAND AVENUE**
 CITY-ST-ZIP **BRIARCLIFF MANOR NY 10510**

TITLE **VP** ☐ Change ☒ Addition
 NAME **JOHN REED**
 STREET ADDRESS **333 S. HIGHLAND AVE**
 CITY-ST-ZIP **BRIARCLIFF MANOR, NY 10510**

TITLE **PD** ☐ Delete
 NAME **CALLAGHAN, PATRICK J**
 STREET ADDRESS **333 S. HIGHLAND AVE.**
 CITY-ST-ZIP **BRIARCLIFF MANOR NY**

TITLE **VP** ☐ Change ☒ Addition
 NAME **MAX KENNEDY**
 STREET ADDRESS **333 S. HIGHLAND AVE**
 CITY-ST-ZIP **BRIARCLIFF MANOR, NY 10510**

TITLE **D** ☐ Delete
 NAME **MERZ, WERNER**
 STREET ADDRESS **333 S HIGHLAND AVNEUE**
 CITY-ST-ZIP **BRIARCLIFF MANOR NY 10510**

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

TITLE **V** ☐ Delete
 NAME **WAIT, CHARLES**
 STREET ADDRESS **333 S HIGHLAND AVE.**
 CITY-ST-ZIP **BRIARCLIFF MANOR NY**

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

TITLE **VT** ☐ Delete
 NAME **ANTES, RICHARD**
 STREET ADDRESS **333 S. HIGHLAND AVE**
 CITY-ST-ZIP **BRIARCLIFF MANOR NY**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/02 **914-750-5800**
 Date Daytime Phone #

CR2E034 (4/02)