2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000003159 Jun 08, 2000 8:00 am 1. Entity Name **Secretary of State** BLUESEAS HOLDINGS, INC. 06-08-2000 90013 015 ***150.00 Principal Place of Business Mailing Address 100 SE 2nd Street 100 SE 2nd Street Suite 4000 Suite 4000 Miami, FL 33131 Miami, FL 33131 00060564 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0426372 Not Applicable Zip Country 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 Richard Guttman Ignacio G. del Valle 100 SE 2nd Street --- -Street Address (P.O. Box Number is Not Acceptable)

100 SE 2nd Street: Süite 4000 Miami, FL 33131 Suite 4000 City **Miami** 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DPS TITLE ☐ Delete Change Addition CUTILLAS, MANUEL J. NAME NAME STREET ADDRESS STREET ADDRESS 100 SE 2nd Street, Suite 4000 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33131 Addition Delete TITLE ☐ Change TITLE. NAME NAME BLANCO, FRANCISCO JR. STREET ADDRESS STREET ADDRESS 6801 NW 74 Avenue CITY-ST-ZIP CITY-ST-ZIP <u>Miami, FL 33166</u> Addition Change TITLE Delete TITLE TAS NAME __. NAME - -GROSS, JORGE STREET ADDRESS STREET ADDRESS 200 S. Biscayne Boulevard CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33131 ----Change Addition -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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 treate employment 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 May 5, 2000 SIGNATURE: Daytime Phone # CUTILLAS, PRESIDENT