

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90005 048 ***150.00

DOCUMENT # P93000003159

1. Entity Name

BLUESEAS HOLDINGS, INC.

Principal Place of Business

100 SE 2ND STREET
 STE 4000
 MIAMI FL 33131
 US

Mailing Address

100 SE 2ND STREET
 STE 4000
 MIAMI FL 33131
 US

2. Principal Place of Business

201 S. Biscayne Blvd.

3. Mailing Address

SAME

Suite, Apt. #, etc.
Suite 3400

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. EFL Number

65-0426372

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DEL VALLE, IGNACIO G.
100 SE 2ND STREET
STE 4000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Ignacio G. del Valle, Esq.

Street Address (P.O. Box Number is Not Acceptable)
201 So. Biscayne Blvd.

Suite 3400

City
Miami,

FL

Zip Code
33131

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

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 \$150.00
After May 1, 2002 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 NAME	DPS CUTILLAS, MANUEL J	<input type="checkbox"/> Delete
STREET ADDRESS	100 SE 2ND STREET, STE 4000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE NAME	V BLANCO, FRANCISCO JR	<input type="checkbox"/> Delete
STREET ADDRESS	6801 NW 74TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE NAME	TAS GROSS, JORGE	<input type="checkbox"/> Delete
STREET ADDRESS	200 S BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33131-2330	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	201 So. Biscayne Blvd., Suite 3400
CITY-ST-ZIP	Miami, FL 33131
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/01)

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:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30 / 2002
 Date Daytime Phone #