

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000007421

1. Entity Name

SEAGULL COMMUNICATIONS (USA), INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90130 038 ***150.00

Principal Place of Business

Mailing Address

1 S.E. 3RD AVE.
STE 2130
MIAMI FL 33131

1 S.E. 3RD AVE.
STE 2130
MIAMI FL 33131-1716

2. Principal Place of Business

2400 N. Commerce Pkwy

3. Mailing Address

2400 N. Commerce Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

307

307

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

65-0488207

Applied For

Not Applicable

Zip

33326

Country

Broward

Zip

33326

Country

Broward

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

COPROLITE CORPORATION
1 S.E. 3RD AVE.
STE 2130
MIAMI FL 33131

Name

Julio Sosa

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

2400 N. Commerce Pkwy, Suite # 307

City

Weston

FL

Zip Code

33326

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

Julio Sosa

04/04/2000

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS SOSA, JULIO
CITY-ST-ZIP 2875 NE 191 STREET, #300
AVENTURA FL

TITLE ☒ Change ☐ Addition
NAME Sosa, Julio
STREET ADDRESS 2400 N. Commerce Parkway, Suite 307
CITY-ST-ZIP Weston, FL 33326

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julio M. Sosa

2/10/2000

(305) 933-8360

Date

Daytime Phone #

CR2E034 (9/99)