## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 20, 2000 8:00 am Secretary of State DOCUMENT # **P94000048037** 1. Entity Name SEAVIEW CLEANERS, INC. 07-20-2000 90015 002 \*\*\*150.00 Principal Place of Business Mailing Address 262 95TH ST 262 95TH ST SURFSIDE FL 33154 SURFSIDE FL 33154 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 65-0504912 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EHREN, PETER G Street Address (P.O. Box Number is Not Acceptable) 262 95TH ST SURFSIDE FL 33154 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible .10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. Will be \$750.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME EHREN, PETER G STREET ADDRESS STREET ADDRESS 262 95TH ST CITY-ST-ZIP CITY-ST-ZIP SURFSIDE FL 33154 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE Delete TITLE NAME NAME STREÉT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition 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 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 olderess up all other like empowered.

**SIGNATURE:** 

7-13-00

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July 12, 2000

Division of Corporations Uniform Business Report Filings P.O. Box 6327 Tallahassee, FL 32314

Dear Sirs:

Re: Seaview Cleaners, Inc.

I did not receive my first notice 2000 Uniform Business Report.

Please abate the late file penalty per a telephone call with your office. I am enclosing a check for \$150.00.

Sincerely,

Peter G. Ehren, President