

2000 UNIFORM BUSINESS REPORT (UBR)

OFF 2000AR
FILED

①

DOCUMENT # **P94000085131**

1. Entity Name

SEA EXPLORERS & ASSOCIATES, INC

00 FEB -2 PM 2: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

800 West Ave. # 746

800 West Ave. # 746

MIAMI Beach, FL 33139

MIAMI Beach, FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0544212-11/22/1994

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

7. Name and Address of New Registered Agent

Echeverria, Sergio

800 West Ave. # 746

MIAMI Beach FL 33139

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.

SIGNATURE

Sergio Echeverria (Sergio Echeverria)

1/27/2000

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 **P**
NAME **Echeverria, Sergio**
STREET ADDRESS **800 West Ave. # 746**
CITY-ST-ZIP **MIAMI Beach, FL 33139**

TITLE ☐ Change ☐ Addition
NAME **700003129857-6**
STREET ADDRESS **-02/09/00--01086--006**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE **T**
NAME **Landi-Echeverria, LiSA**
STREET ADDRESS **800 West Ave. # 746**
CITY-ST-ZIP **MIAMI Beach, FL 33139**

TITLE ☐ Change ☐ Addition
NAME **700003129857-6**
STREET ADDRESS **-02/09/00--01086--007**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE **S**
NAME **GRANDIO Mercedes**
STREET ADDRESS **330 West Park Dr. # 102**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE ☐ Change ☐ Addition
NAME **700003129857-6**
STREET ADDRESS **-02/09/00--01086--008**
CITY-ST-ZIP *******8.75 *****8.75**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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 life empowered:

SIGNATURE:

Sergio Echeverria (Sergio Echeverria)

Date

1/27/2000

Daytime Phone #

(305) 534-5887
(787) 758-9029

CR2E034 (9/99)

SP