

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030241

1. Entity Name
SEAVIEW RESEARCH, INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90300 037 ***158.75

Principal Place of Business

951 LEJEUNE RD
SUITE 304
MIAMI FL 33134

Mailing Address

951 LEJEUNE RD
SUITE 304
MIAMI FL 33134

2. Principal Place of Business

3898 NW 7th Street
4th Floor
Miami, FL

3. Mailing Address

3898 NW 7th Street
4th Floor
Miami, FL



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0576605

Applied For

Not Applicable

Zip

33135

Country

USA

Zip

33126

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, STUART I
951 LEJEUNE RD
SUITE 202
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name - Stuart I. Harris

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

3898 NW 7th St

4th Floor

City

Miami, FL 3

FL

Zip Code

33126

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, 2001 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 P
NAME HARRIS, STUART I
STREET ADDRESS 2645 S BAYSHORE DR., APT 1104
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE VP
NAME ALVAREZ, CELINA R
STREET ADDRESS 5877 SW 94TH STREET
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

Date

Daytime Phone #

CR2E034 (10/00)