

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065188

1. Entity Name

SEAGULL VENTURES, INC.

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90088 018 ***150.00

Principal Place of Business

420 LINCOLN RD
STE 432
MIAMI BEACH FL 33139
US

Mailing Address

420 LINCOLN RD
STE 432
MIAMI BEACH FL 33139-3014
US

2. Principal Place of Business

420 Lincoln Road

3. Mailing Address

P. O. Box 191768

Suite, Apt. #, etc.

Suite 335

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami, FL

Zip

33139

Country

USA

Zip

33119-1768

Country

USA

4. FEI Number

65-0698909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLC INVESTMENTS INC
420 LINCOLN RD, STE 432
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent -

Name

PLC Investments, Inc.

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

420 Lincoln Road

Suite 335

City

Miami Beach

FL

Zip Code
33139

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, 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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	NEITZEL, JULIE	
STREET ADDRESS	420 LINCOLN RD, STE 432	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CEJAS, PABLO L	
STREET ADDRESS	420 LINCOLN RD, STE 432	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	MONTERO, HILDA C	
STREET ADDRESS	420 LINCOLN RD, STE 432	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	420 Lincoln Road, Suite 335	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	420 Lincoln Road, Suite 335	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	420 Lincoln Road, Suite 335	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Hilda C. Montero
HILDA C. MONTERO, Secretary

4/6/00

Date

305-531-5220

Daytime Phone #