2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004432

1. Entity Name

SEALAND SOURCES, INC.

FILED

00 MAR 31 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
443 NORTHEAST 103 STREET MIAMI SHORES FL 33138	443 NORTHEAST 103 STREET MIAMI SHORES FL 33138-2456

2. Principal Place of Business	3. Mailing Address
12550 BISCAYNE BLVD.	12550 BISCAYNE BLVD.
Suite, Apt. #, etc. # 401	Suite, Apt. #, etc. # 401
City & State N. MIAMI, FL	City & State N. MIAMI, FL
Zip 33181 Country USA	Zip 33181 Country USA

4. FEI Number 65-0720716 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LETAKIS, GEORGE E
443 NORTHEAST 103 STREET
MIAMI SHORES FL 33138

7. Name and Address of New Registered Agent

Name: LETAKIS, GEORGE E.
Street Address (P.O. Box Number is Not Acceptable): 12550 BISCAYNE BLVD.
Suite #401
City: N. MIAMI FL Zip Code: 33181

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: GEORGE E. LETAKIS — 03/29/2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LETAKIS, GEORGE E 443 NORTHEAST 103 STREET MIAMI SHORES FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LETAKIS, GEORGE E. 12550 BISCAYNE BLVD, SUITE 401 N. MIAMI, FL 33181 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: GEORGE E. LETAKIS — 03/29/2000 — (305)895-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #