FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2002 8:00 am § Secretary of State P97000004432 DOCUMENT # 1. Entity Name 04-21-2002 90961 001 ***322.50 SEALAND SOURCES, INC. Principal Place of Business Mailing Address 12550 BISCAYNE BLVD. 12550 BISCAYNE BLVD. #401 #401 MIAMI FL 33181 **MIAMI FL 33181** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0720716 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LETAKIS, GEORGE E Street Address (P.O. Box Number is Not Acceptable) 12550 BISCAYNE BLVD. #401 MIAMI FL 33181 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PSDTC ☐ Delete TITLE TITLE LETAKIS, GEORGE E LETAKIS, GEORGE E NAME NAME 12550 BISCAYNE BLVD., STE. 401 12550 BISCAYNE BLVD., STE. 401 STREET ADDRESS STREET ADDRESS N. MIAMI FL 33181 N. MIAMI, FL 33181 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE SOLLER, DOROTHY P NAME NAME 12550 BISCAYNE BLVD., STE 401 STREET ADDRESS STREET ADDRESS N. MIAMI FL 33181 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attantom of the corporation of the

SIGNATURE:

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