

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91356 008 ***158.75

DOCUMENT # P98000019027

1. Entity Name

SEAGULL INTERNATIONAL CONSULTING OPERATING GROUP

Principal Place of Business

1650 N.E. 115TH STREET, #301
 MIAMI FL 33181

Mailing Address

PO BOX 3256
 HALLANDALE FL 33008-3256

101043

2. Principal Place of Business

208 - S.E. 2nd Court

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0818693

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, IGNACIO
 601 NORTHEAST 39TH STREET
 SUITE #327
 MIAMI FL 33137

Name

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

208 - S.E. 2nd COURT

HALLANDALE

City

FL

Zip Code

33009

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

Ignacio Sanchez President

5-4-2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME SANCHEZ, IGNACIO
 STREET ADDRESS 601 NORTHEAST 39TH STREET
 CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

TITLE PD
 NAME SANCHEZ, IGNACIO
 STREET ADDRESS 208 - S.E. 2nd ST
 CITY-ST-ZIP HALLANDALE, FL 33009 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Delete

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 #

5-4-2001 305-542-7206

CR2E034 (10/00)