

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90177 035 ***150.00

DOCUMENT # P98000030623

1. Entity Name
SEVEN SEAS' ORCHID CORP.

Principal Place of Business

**3015 GRAND AVE
 SUITE 160
 COCONUT GROVE FL 33133**

Mailing Address

**727 N. NORTH SHORE DR.
 MIAMI BEACH FL 33141**

2. Principal Place of Business

3. Mailing Address

727 N. SHORE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI BEACH

4. FEI Number

65-0824617

Applied For

Not Applicable

Zip

Country

Zip

Country

33141 FL

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

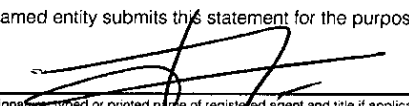
6. Name and Address of Current Registered Agent

**RENCK, YVES ALAIN
 275 NORTH SHORE DRIVE
 MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name **RENCK YVES ALAIN**
 Street Address (P.O. Box Number is Not Acceptable)
727 NORTH SHORE DR
 City **MIAMI BEACH FL** Zip Code **33141**

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)

04-23-02
 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, 2002 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 **D** ☐ Delete
 NAME **RENCK, YVES ALAIN**
 STREET ADDRESS **275 NORTH SHORE DRIVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **D** ☐ Delete
 NAME **RENCK, BERNADETTE**
 STREET ADDRESS **275 NORTH SHORE DRIVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RENCK

04-23-02
 Date

355 868 3822
 Daytime Phone

CR2E034 (9/01)