

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083643

1. Entity Name

SEAPOINTE MANAGEMENT CORPORATION

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90030 039 \*\*\*150.00

Principal Place of Business

Mailing Address

20939 NORTHEAST 38TH AVENUE  
AVENTURA FL 33180

20939 NORTHEAST 38TH AVENUE  
AVENTURA FL 33322-3528

2. Principal Place of Business

9195 Collins Avenue

Suite, Apt. #, etc.

3. Mailing Address

1835 N.W. 103rd Avenue

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Burtonside FL

Zip

33154

Country

USA

City & State

PLANTATION, FLORIDA

Zip

33322-3528

Country

USA

4. FEI Number

65-0866698

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

PALMER, ROBERT M ESQ  
ROBERT M. PALMER, P.A.  
4800 N. FEDERAL HIGHWAY, SUITE 200-E  
BOCA RATON FL 33431

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
SPENADEL, MATTHEW  
20939 NE 38 AVE  
AVENTURA FL 33180

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/S/D  
Spenadel, Matthew  
1835 N.W. 103rd Avenue  
PLANTATION, FLORIDA 33322-3528

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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:

*Matthew Spenadel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/6/00*  
Date

*305/865-0557*  
Daytime Phone #

CR2E034 (9/99)