

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000009196**

1. Entity Name **Sea Fever Oceanic, Inc.** ✓

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**  
 03-23-2000 90013 012 \*\*\*150.00

Principal Place of Business Mailing Address  
**1605 Biarritz Dr**  
**MIAMI BEACH, FL 33141**

2. Principal Place of Business 3. Mailing Address  
**1605 Biarritz Dr** **1605 Biarritz Dr.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**MIAMI BEACH, FL** **MIAMI BEACH, FL**  
 Zip Country Zip Country  
**33141** **33141** **USA**

4. FEI Number **65-0892205** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Thomas Guarino**  
**1605 Biarritz Dr**  
**MIAMI BEACH, FL 33141**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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	<input type="checkbox"/> Delete <b>Thomas Guarino</b> <b>1605 Biarritz Dr Miami Beach</b> <b>33141</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>President</b> <b>Thomas Guarino</b> <b>1605 Biarritz Dr</b> <b>MIAMI BEACH, FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>Vice Pres/Secretary</b> <b>Jane He Weeks</b> <b>1605 Biarritz Dr</b> <b>MIAMI BEACH, FL 33141</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Vice President/Secretary</b> <b>Jane He Weeks</b> <b>1605 Biarritz Dr</b> <b>MIAMI BEACH, FL 33141</b>
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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: **Thomas Guarino** 1/29/00 305-861-3603  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)