## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000062823** May 04, 2000 8:00 am Secretary of State SEAMAR PROPERTY HOLDINGS, INC. 05-04-2000 90143 046 \*\*\*150.00 Mailing Address Principal Place of Business **601 BRICKELL KEY DRIVE 801 BRICKELL KEY DRIVE** SUITE 805 SUITE 805 MIAMI FL 33131-2649 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0939389 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALLEN & GALEGO Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DRIVE SUITE 805 **MIAMI FL 33131** Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change ☐ Addition TITLE Carlos Adolfo Muñoz Ridau NAME NAME 601 Brickell Key Drive, Suite 805 STREET ADDRESS STREET ADDRESS Miami, FL 33131 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete 31716 Nancy Yaneth Peña NAME 601 Brickell Key Drive, Suite 805 STREET ADDRESS STREET ADDRESS Miami, FL 33131 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE Allen Robert N JR NAME 601 Brickell Key Drive, Suite 805 STREET ADDRESS STREET ADDRESS Miami, FL 33131 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Addition D Delete TITI F Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 of 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

A for

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

—April 27, 2000

305 372-33

Addition

☐ Change