

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000062823**

1. Entity Name

SEAMAR PROPERTY HOLDINGS, INC.**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90028 044 ***150.00

0153034

Principal Place of Business	Mailing Address
601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131	601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0939389	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
ALLEN & GALEGO 601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131	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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	SS	TITLE	SD
NAME	ALLEN, JR, ROBERT N	NAME	NANCY YANETH PENA PECHICO
STREET ADDRESS	601 BRICKELL KEY DR. STE 805	STREET ADDRESS	601 BRICKELL KEY DRIVE STE 805
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	MIAMI FL 33131
TITLE	S	TITLE	
NAME	PENA, NANCY Y	NAME	
STREET ADDRESS	601 BRICKELL KEY DR. STE 805	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	MUNOZ RIDAU, CARLOS A	NAME	
STREET ADDRESS	601 BRICKELL KEY DR. STE 805	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

Robert N. Allen, Jr. **April 12, 2001** **(305) 372-3300**

Date

Daytime Phone #

CR2E034 (10/00)