

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PH00008587**
 1. Entity Name
SEA-CYCLED FURNISHINGS, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90035 044 ***150.00

B0102173

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

221 COLLINS AVENUE, #7
MIAMI BEACH, FLORIDA 33139

2. Principal Place of Business

221 COLLINS AVENUE

3. Mailing Address

221 COLLINS AVENUE

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

#7

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country **USA**

MIAMI Dade

Zip

33139

Country **USA**

MIAMI Dade

4. FEI Number

65-0970421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTOPHER A. VAN BUREN

221 COLLINS AVENUE #7

MIAMI BEACH, FL 33139

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

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

TITLE **CHRISTOPHER A. VAN BUREN** ☐ Delete
 NAME **C.E.O.**
 STREET ADDRESS **221 COLLINS AVENUE #7**
 CITY-ST-ZIP **MIAMI BEACH, FL. 33139**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 NAME
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 CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 31, 2000

Date

(305) 538-8449
(205) 538-4181 or

Daytime Phone #

CR2E034 (9/99)