

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90043 002 \*\*\*150.00

**DOCUMENT # P99000087155**

1. Entity Name  
**SEABOARD PRODUCTS CORP.**

*R*

Principal Place of Business      Mailing Address  
**5230 NORTHWEST 181 TERRACE**      **5230 NORTHWEST 181 TERRACE**  
**MIAMI FL 33055**      **MIAMI FL 33055**

REC-10000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
*5230 NW 181 TR*      *5230 NW 181 TR*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*Miami FL*      *Miami FL*  
 Zip      Zip      Country      Country  
*33055*      *33055*      *Dade*      *Dade*

4. FEI Number      Applied For  
*65-0951627*      Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, ANGEL L</b>	
STREET ADDRESS	<b>5230 NORTHWEST 181 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Angel L Hernandez*      **Angel L Hernandez**      Date: *09/15/00*      Daytime Phone #: *305-623-8467*

Attachment  
P9900087155  
A0079349

Angel L Hernandez  
5230 nw 181 terr.  
Miami Fl. 33055

09/15/00

To whom it may concern:

I Angel Hernandez would like to notify the Florida Dept of State, that I never received the UBS report before.

~~the first report that I received was the second notice~~  
report and I had no knowledge of what it was.

Therefore I'm asking the Dept of State to please waive the penalty charges, this is my first year filingg the UBR for my corp.

Thank You.

Sincerely

