

2000 UNIFORM BUSINESS REPORT (UBR)

5/5

FILED
May 31, 2000 8:00 am
Secretary of State

05-05-2000 90017 006 ***150.00

DOCUMENT # P99000091165

1. Entity Name

SEVEN SEAS SHIPPING INCORPORATED

Principal Place of Business

767 CITRUS COVE DRIVE
WINTER GARDEN FL 34787

Mailing Address

767 CITRUS COVE DRIVE
WINTER GARDEN FL 34787-5221

changed to ↓

↓ changed to

2. Principal Place of Business

727 Sunburst Cove Lane 727 Sunburst Core Lane

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Garden FL

City & State

Winter Garden FL

4. FEI Number

59-3601831

Applied For

Not Applicable

Zip

34787

Country

Orange

Zip

34787

Country

Orange

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EL TAGI, MONA
767 CITRUS COVE DRIVE
WINTER GARDEN FL 34787

changed to

727 Sunbrstcore Lane
Winter Garden, FL
34787

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

Mona El Tagi

MONA EL TAGI

1/05/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT / OWNER
MONA EL TAGI
727 Sunburst Core Lane
WINTER GARDEN, FL 34787 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Mona El Tagi / MONA EL TAGI

1/05/00

407-654-8550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)