

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103915

1. Entity Name  
SEATRADE GROUP, INC.

Principal Place of Business  
2317 SOUTHWEST 23RD STREET  
MIAMI FL 33145

Mailing Address  
2317 SOUTHWEST 23RD STREET  
MIAMI FL 33145

2. Principal Place of Business  
2317 SW 23 ST

3. Mailing Address  
2317 SW 23 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI FLORIDA

City & State  
MIAMI FLORIDA

Zip 33145

Zip 33145

Country

Country

4. FEI Number 65-0964997

Applied For  
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

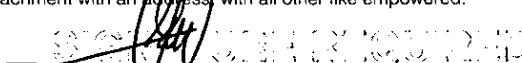
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete	TITLE
NAME	LLUCH, JORGE R		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2317 SOUTHWEST 23RD STREET		
CITY-ST-ZIP	MIAMI FL 33145		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE
NAME	SAKKE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE
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CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/02 (305) 422-8001  
Date Daytime Phone #

CR2E034 (9/01)