

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S22391

1. Entity Name

SEA KISS INTERNATIONAL, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90035 025 ***150.00

Principal Place of Business

6908 SE N MARINA WAY
STUART FL 34996
US

Mailing Address

C/O ACCOUNTING BUSINESS CONSULTANTS
17 ROSE DR.
FT. LAUDERDALE FL 33316-1041
US

2. Principal Place of Business

400 NE ABACA WAY

3. Mailing Address

C/O NORA F. CATANO, C.P.A.

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

34 EAST OSCEOLA STREET

City & State

JENSEN BEACH FL

City & State

STUART FL

4. FEI Number

65-0232980

Applied For

Not Applicable

Zip

34957

Country

USA

Zip

34994

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KISS, CHARLES
6908 SE N MARINA HWY
STUART FL 34996

7. Name and Address of New Registered Agent

Name

KISS, CHARLES

Street Address (P.O. Box Number is Not Acceptable)

400 NE ABACA WAY #7

City

JENSEN BEACH FL

Zip Code

34957

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 PD
NAME KISS, CHARLES
STREET ADDRESS 6908 SE N MARINA WAY
CITY-ST-ZIP STUART FL 34996 ☐ Delete

TITLE TS
NAME WASSERMAN, MOLLYE
STREET ADDRESS 6908 SE N MARINA WAY
CITY-ST-ZIP STUART FL 34996 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES KISS / 2-8-2000 561 225 3377

Date

Daytime Phone #

CR2E034 (9/99)