

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S22391

1. Entity Name

SEA KISS INTERNATIONAL, INC.

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90085 019 \*\*\*150.00

00003232



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

400 NE ABACA WY  
#7  
JENSEN BEACH FL 34957  
US

C/O NORA F CATANO C.P.A.  
34 E OSCEOLA ST  
STUART FL 34994  
US

2. Principal Place of Business

3. Mailing Address

400 CHAS. KISS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

400 NE ABACA WY

City & State

City & State

JENSEN BEACH, FL

Zip

Country

Zip

Country

34957

4. FEI Number 65-0232980

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

KISS, CHARLES

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

400 NE ABACA WY # 7

JENSEN BEACH, FL 34957

City

FL

Zip Code

KISS, CHARLES  
4100 NE ABACA WAY  
#7  
JENSEN BEACH FL 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, 2001 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 ☐ Delete  
NAME KISS, CHARLES  
STREET ADDRESS 6908 SE N MARINA WAY  
CITY-ST-ZIP STUART FL 34996

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/01 561 2253377

CR2E034 (10/00)