

AS AMENDED

FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT -7 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700008327027--5
-10/11/02--01003--021
*****61.25 *****61.25

DOCUMENT # 659309
1. Entity Name
SEACOAST SPECIALTIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1701 AVENIDA DEL SOL <small>Suite, Apt. #, etc.</small>	3. Mailing Address 1701 AVENIDA DEL SOL <small>Suite, Apt. #, etc.</small>
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DO NOT WRITE IN THIS SPACE

City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33432	Country USA
Zip 33432	Country USA

4. FEI Number 591978212	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MURRAY, RICHARD T	
Street Address (P.O. Box Number is Not Acceptable) 575 N.W. 13TH AVENUE	
City BOCA RATON	State FL
Zip Code 33486	

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. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 T	NAME MURRAY, RICHARD L	STREET ADDRESS 575 N.W. 13TH AVENUE	CITY-ST-ZIP BOCA RATON FL 33486	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	MURRAY, RICHARD T.	575 N.W. 13TH AVENUE	BOCA RATON FL 33486				
VP	MURRAY, JAY C	575 N.W. 13TH AVENUE	BOCA RATON FL 33486				
S	DENNIS ROBICHAUD	21391 TOWN LAKES DR, # 1 210	BOCA RATON FL 33486				

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard T Murray*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034B (12/01)

2/10/8/02