## 2002 Uniform Business Report (UBR)

## Mar 26, 2002 8:00 am § DOCUMENT # 425933 Secretary of State 1. Entity Name GARCIA BROTHERS SEAFOOD, INC. 03-26-2002 90024 008 \*\*\*150.00 Principal Place of Business Mailing Address 1952 W. FLAGLER ST. 1952 W. FLAGLER ST. MIAMI FL 33135-1615 MIAMI FL 33135-1615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1486036 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA, ARSENIO Street Address (P.O. Box Number is Not Acceptable) 1952 W. FLAGLEV St 921-ANASTASIA AVE. **GORAL GABLES FL 33134-**Mami 92 33135 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \_10. Election Campaign Financing \$5.00 May.Be. Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIF 12. TORS IN 11 TITLE PD ☐ Delete TITLE GARCIA, ARSENIO NAME NAME 1950 W. FLAGLER ST 921 ANASTASIA AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 419WI, FL 33135 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME GARCIA, RAMON NAME 2625 COLLIUS AVE # 1001 STREET ADDRESS 2025 SW 25 TERR STREET ADDRESS CITY-ST-ZIP MIAMI-FL-33133-MIQMI BEAGH, FL 33140 CITY-ST-ZIP TITLE TD Delete TITLE Change ☐ Addition NAME GARCIA, JUAN F NAME STREET ADDRESS 2008 SW 25ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33/33 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

tal 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 uses expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

indicated on this report or supplement of the corporation or the receiver or rechanged, or on an attachment with an

SIGNATURE: 4

FILED