

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90295 014 ***163.75

DOCUMENT # P96000039118

1. Entity Name
GENESIS SEAFOOD INT'L, INC.



Principal Place of Business
**7580 NW 77TH TERRACE
MEDLEY FL 33166**

Mailing Address
**7580 NW 77TH TERRACE
MEDLEY FL 33166**

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0668194**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PASTOR, CATALINA I
6510 MAIN ST. #11-108
MIAMI LAKES FL 33014**

7. Name and Address of New Registered Agent

Name **Pastor, Catalina I.**
Street Address (P.O. Box Number is Not Acceptable)
8012 NW 158th Terrace
City **Miami Lakes** FL Zip Code **33016**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
True/Fund Contribution ☒ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **PASTOR, CATALINA**
STREET ADDRESS **6510 MAIN ST. #11-108**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **VD** ☐ Delete
NAME **PASTOR, LUIS A**
STREET ADDRESS **6510 MAINSTREET 11-108**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **PASTOR, CATALINA**
STREET ADDRESS **8012 NW 158th TERRACE**
CITY-ST-ZIP **Miami Lakes, FL 33016**

TITLE **Vice - PRESIDENT** ☒ Change ☐ Addition
NAME **PASTOR, CATALINA**
STREET ADDRESS **8012 NW 158th Terrace**
CITY-ST-ZIP **Miami Lakes, FL 33016**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-03

CR2E034 (10/02)