## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 326379**

COLLINS FISH AND SEAFOOD INC								
Principal Place of Business	Mailing Address							
328 N.E. 70TH ST. MIAMI FL 33138	328 N.E. 70TH ST. MIAMI FL 33138-5526							
2. Principal Place of Business	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_						
City & State	City & State							
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## FILED Apr 20, 2000 8:00 am Secretary of State 04-20-2000 90076 050 \*\*\*150.00

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2. Principal Place of Business			3. Mailing Address				DO NOT WRITE IN THIS SPACE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State			City & State			<b>4</b> . F	FEI Number 59-1211830			plied For t Applicable	
Zip		Country	Zip	Cour	itry	5. (	Certificate of Status Desired		8.75 Add ee Required		
	6. Name	and Address of Current R	egistered Agent			7. N	lame and Address of New Reg	stered A	gent		
LEVINE, I. BUDDY. 328 N.E. 70TH ST. MIAMI FL 33138					Name Street Address (P.O. Box Number is Not Acceptable)						
					City FL Zip Code						
SIGNATURE				register	ed office or regis	stered age	ent, or both, in the State of Florid	a.			
SIGITATIONE :	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registere	d Agent signature requ	uired when re	instating)	DATE			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After MAY 1, 2000 Make Check Payable				00 Fee	will be \$550.0	State	Trust Fund Contribution.	10. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees			
11.		OFFICERS AND D	PIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVINE, I 4293 PRA MIAMI BE		☐ Delete		J				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COHEN,	MARK. NDS WAY.	☐ Delete		<b>I</b>				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete · ·		<b>I</b>	-			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	nortific short the	a information supplied with	☐ Delete	CITY	EET ADDRESS -ST-ZIP	Section	119.07(3)(i), Florida Statutes. I fu	rther cert	Change	Addition	
indicated	on this repo	rt or supplemental report is	true and accurate and that n	ny signa	ture shall have th	he same l	legal effect as if made under oat	n; that I a	m an officer	or director	

of the corporation or supplies the area and accordance and that my signature sharinave the same legal effect as it made under out; that it arrangement of the corporation or the receiver or trustee empowered to execute this recent 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.