

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90097 027 ***550.00

DOCUMENT # 352850

1. Entity Name
GENE'S LIVE SHRIMP, INC.



Principal Place of Business
DINNER KEY MARINA
MIAMI FL 33233
US

Mailing Address
14803 S.W. 171 TERR.
MIAMI FL 33187
US

2. Principal Place of Business

3. Mailing Address

11731 SW 108 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami, FL

4. FEI Number **59-1286298**

Applied For

Not Applicable

Zip

Country

33186

Country

USA

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

PALMER, LEONARD
14803 S.W. 171 TERR.
MIAMI FL 33187

Name

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

11731 SW 108 Lane

City **miami**

FL

Zip Code **33186**

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: *Leonard Palmer*

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

(NOTE: Registered Agent signature required when reinstating)

8/18/03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **PALMER, KATHY**
STREET ADDRESS **14803 S.W. 171 TERR.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME **11731 SW 108 Lane**
STREET ADDRESS **miami, FL 33186**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PALMER, LEONARD**
STREET ADDRESS **14803 S.W. 171 TERR.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME **11731 SW 108 Lane**
STREET ADDRESS **miami, FL 33186**
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

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: *Kathy Palmer* **REQUIRED**

8/18/03 3052818855

CR2E034 (4/03)