

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90499 028 ***158.75

0095351

DOCUMENT # 573212

1. Entity Name

ATLANTIC FISH SEAFOOD CORP.

Principal Place of Business

Mailing Address

~~972 EAST 30TH STREET
 MIAMI FL 33013-3427~~

972 EAST 30TH STREET
 HIALEAH FL 33013-3427

**5052 NW 74th Avenue
 Miami, FL 33166**

731472



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5052 NW 74th Ave.

3. Mailing Address:

SAME AS # 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

City & State

4. FEI Number

59-1876961

Applied For

Not Applicable

Zip

Country

33166 USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, OSCAR A
 1555 S.W. 142ND AVE.
 MIAMI FL 33184**

7. Name and Address of New Registered Agent

Name **SERGIO LAZO**
 Street Address (P.O. Box Number is Not Acceptable)

**13340 SW 90th UNIT A
 Miami, FL 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PSD	RODRIGUEZ, OSCAR A	1555 S.W. 142ND AVE.	MIAMI FL 33184	<input checked="" type="checkbox"/>
PSD	LAZO, SERGIO	13340 SW 90th UNIT A	MIAMI, FL 33186	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PSD	LAZO, SERGIO	13340 SW 90th UNIT A	MIAMI, FL 33186	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01

Date

Daytime Phone #

305-216-9143

CR2E034 (10/00)