

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90021 033 ***158.75

0507199

DOCUMENT # F08445

1. Entity Name

BRICE INTERNATIONAL SEAFOODS, INC.

Principal Place of Business

Mailing Address

250 NE 32ND ST
WEST BAY
OAKLAND PARK FL 33334
US

PO BOX 550038
DAVIE FL 33330
US

2. Principal Place of Business

3. Mailing Address

BRICE Int'l. Seafoods

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 70806

City & State

City & State

Oakland Park FLA.

Zip

Country

Zip

Country

33307

4. FEI Number

59-2061789

Applied For

Not Applicable

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

BRICE, JAMES L SR
250 NE 32 STREET
W BAY
OAKLAND PARK FL 33334

Name

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

City

FL

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)

DATE

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	VC	<input type="checkbox"/> Delete
NAME	BRICE, JR. J L	
STREET ADDRESS	2600 S. HIATUS ROAD	
CITY-ST-ZIP	DAVIE FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BRICE, ANA L.	
STREET ADDRESS	2600 S. HIATUS ROAD	
CITY-ST-ZIP	DAVIE FL	
TITLE	PM	<input type="checkbox"/> Delete
NAME	BRICE, SR., JAMES L	
STREET ADDRESS	2600 S. HIATUS ROAD	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 13.07(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 687, 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: JAMES L. BRICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/01 954-564-5550

CR2E034 (10/00)