

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F36004

1. Entity Name

MARINE PROTEIN INTERNATIONAL CORPORATION

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90036 044 ***150.00

Principal Place of Business

Mailing Address

3316 VIRGINIA STREET
COCONUT GROVE, FLORIDA 33133

2. Principal Place of Business

2298 SO. DIXIE HIGHWAY

Suite, Apt. #, etc.

3. Mailing Address

2298 SO. DIXIE HIGHWAY

Suite, Apt. #, etc.

City & State

COCONUT GROVE FL

Zip
33133

Country
DADE

City & State

COCONUT GROVE, FL

Zip
33133

Country
DADE

4. FFI Number

59-2099860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BINSTOCK, ALEX S.
9100 S. DADELAND BLVD.
SUITE 901
MIAMI, FLORIDA 33156

7. Name and Address of New Registered Agent

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 reappointing)

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Delete
PD	BINSTOCK, ALEX S.	9100 S. DADELAND BLVD. #901	MIAMI, FLORIDA 33156	☐
ST	HOY, LINDA	3316 VIRGINIA ST	COCONUT GROVE, FL 33133	☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EXHIBIT NUMBER