

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005949

1. Entity Name

OCEAN FRESH SEA FOOD OF MIAMI, INC.

Principal Place of Business
473 EAST WASHINGTON STREET
NORTH ATTLEBORO MA 02760

Mailing Address
473 EAST WASHINGTON STREET
NORTH ATTLEBORO MA 02760

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 04-2574366

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

COUTU, ROBERT G
~~16400 COLLINS AVE~~
~~UNIT 1841~~
~~MIAMI BEACH FL 33160~~

New Address →

Name Robert G. Coutu
Street Address (P.O. Box Number is Not Acceptable)
6079 Boca Colony Drive
Apt 1024
City Boca Raton FL Zip Code 33433

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  Robert G. Coutu

4-10-01

Signature of the 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 VS
NAME HALL, BRUCE ☐ Delete
STREET ADDRESS 473 EAST WASHINGTON STREET
CITY-ST-ZIP NORTH ATTLEBORO MA 02760

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

TITLE TCP
NAME COUTU, ROBERT G ☐ Delete
STREET ADDRESS 16400 COLLINS AVE., UNIT 1841
CITY-ST-ZIP MIAMI BCH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 another life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. Coutu

Date

4-10-01

Daytime Phone #

508 695-7087

0572512

CR2E034 (10/00)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90123 006 ***150.00



DO NOT WRITE IN THIS SPACE