

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H07087

1. Entity Name

ALHUM SEAFOOD INTERNATIONAL, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90071 008 \*\*\*150.00

Principal Place of Business

4001 S OCEAN DRIVE J9  
HOLLYWOOD FL 33019  
US

Mailing Address

P.O. BOX 2355  
HALLANDALE FL 33008-2355  
US

2. Principal Place of Business

1800 NW 96 Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami

City & State

4. FEI Number

59-2424479

Applied For

Not Applicable

Zip

Country

Zip

Country

33172

U.S.

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

PEREZ, ALEJANDRO  
4001 S OCEAN DRIVE J9  
HOLLYWOOD FL 33019

Name

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

306 SE 4TH

City

DANIA

FL

Zip Code

33004

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME PEREZ, ALEJANDRO H  
STREET ADDRESS 4001 S OCEAN DRIVE J9  
CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME 306 SE 4TH  
STREET ADDRESS DANIA FL 33004  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

954-5925245

Daytime Phone #

CR2E034 (9/99)