

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 23, 2001 8:00 am
Secretary of State

04-17-2001 90123 049 ***150.00

DOCUMENT # J05517

1. Entity Name

EMPIRE SEAFOOD, INC.

Principal Place of Business

7850 NW SOUTH RIVER DR
 MEDLEY FL 33166
 US

Mailing Address

7850 NW SOUTH RIVER DR
 MEDLEY FL 33166
 US

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 **59-2658678**

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

TORRES, NILDA
7850 NW SOUTH RIVER DR
MEDLEY FL 33166

7. Name and Address of New Registered Agent

Name

~~Michael Gray~~ **Henry Torres**

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

~~7850 N.W. South River Drive~~

City

Medley

FL

Zip Code

33166

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

Henry Torres
 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

Chairman

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TORRES, NILDA A. 7850 NW SOUTH RIVER DR MEDLEY FL 33166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Gray CEO / Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6800 Paragon Place, Suite 500 Richmond, Va. 23230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Henry Torres, Pres / Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7850 N.W. South River Drive Medley, Florida 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Fishbein V.P. & Treas / Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6800 Paragon Place, Suite 500 Richmond, Va. 23230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nathan Duet / V.P. & Sect / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6800 Paragon Place Suite 500 Richmond, Va. 23230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph T. Milner, V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7850 N. W. South River Drive Medley, Florida 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Anderson, V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7850 N.W. South River Drive Medley, Florida 33166

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:

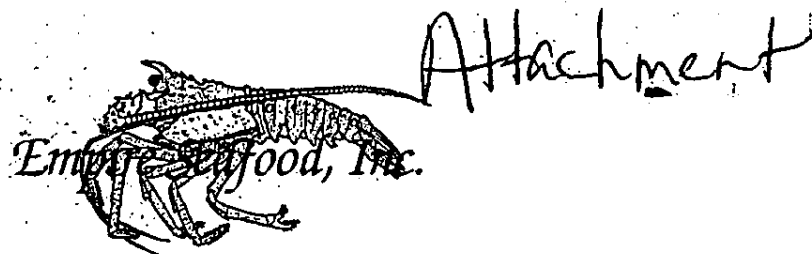
Luiz Parga
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-01

CR2E034 (10/00)



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46197

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ADDITION/ CHANGES TO OFFICERS AND DIRECTORS IN 11

Luis Parga, V.P. (addition)
6800 Paragon Place, Suite 500
Richmond, Va. 23230

Attachment
J05517
4/6/97

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Ref: J05517

Enclosed please find corrected New Registered Agent information. Mr. Henry Torres will be our new Registered Agent and has signed the annual report/uniform business report.

Empire Seafood