Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L0000000605 1. Entity Name THE SEAFOOD FACTORY, L.L.C.						FILED 01 APR 23 PM 4: 08				
							•		•	
Principal Place 1238 OCEAN DR MIAMI BEACH F	RIVE. SUITE 108	Mailing Address 1238 OCEAN DRIVE, SUITE 108 MIAMI BEACH FL 33139				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
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2. Principal Pla	ace of Business	3. Mailing Address	. Mailing Address							
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4.	4. FEI Number Applied For Not Applicable				
Zip Country		. Zip	Countr	у	5. Certificate of Status Desired \$5.00 Additional Fee Required					
	6. Name and Address of Current	Registered Agent	T		7.	Name	and Address of New Reg		401100	
•	e e e e e e e e e e e e e e e e e e e	en e		Name-	. .		*			
LESMARIE, 1238 OCEA		Street Address (I			(P.O. Box Number is Not Acceptable)					
	CH FL 33139									
			ľ	City		U		FL Zip	Code	
SIGNATURE	amed entity submits this statement fo				r registered a			DATE		
		FILE NO Make Check Pay				ate				
9.	MANAGING MEMBI	ERS/MEMBERS	10.				ADDITIONS/CI			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME NAME STREET CITY-S	ADDRESS	780 M	JE (int Xouse 695 stees #6 6 33138	☑ Cha 6 09	nge ∐ A	CR2E083 (11/00)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP-		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			900004: -05/04/ *****	'D10166'	1:)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET CITY-S	ADDRESS T-Zip				☐ Cha	nge 🗖 A	ddition .
indicated or	rtify that the information supplied with in this report is true and accurate and lity company or the receiver or trustee	that my signature shall have th	e same l	egal effe	ct as if made.	under o	ath: that I am a managing	rther certify that i member or mar	he informati ager of the	tion