

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2003 8:00 am**  
**Secretary of State**

04-08-2003 90027 018 \*\*\*\*50.00

**DOCUMENT # L01000002097**

1. Entity Name

**FINNTASTIC SEAFOOD LLC**



Principal Place of Business

**4201 WEST MCNAB RD., STE. 13  
POMPANO BEACH FL 33069**

Mailing Address

**4201 WEST MCNAB RD., STE. 13  
POMPANO BEACH FL 33069**

2. Principal Place of Business

**2455 HOLLYWOOD BLVD. SUITE 214**

3. Mailing Address

**2455 HOLLYWOOD BLVD. SUITE 214**

Suite, Apt. #, etc.

**SUITE 214**

Suite, Apt. #, etc.

**SUITE 214**

City & State

**HOLLYWOOD, FL 33020**

City & State

**HOLLYWOOD, FL 33020**

Zip

**33020**

Country

**USA**

Zip

**33020**

Country

**USA**

4. FEI Number

**65-1076443**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SHIRAH, MORGAN**

**4201 W MAUAB RD #13**

**POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name

**SHIRAH MORGAN**

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

**2455 HOLLYWOOD, BLVD.**

**SUITE 214**

City

**HOLLYWOOD,**

**FL**

Zip Code

**33020**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **MORGAN, SHIRAH**  
STREET ADDRESS **4201 WEST MCNAB RD., STE. 13**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **MORGAN, SHIRAH**  
STREET ADDRESS **2455 HOLLYWOOD, BLVD. SUITE 214**  
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

**4/3/03**

CR2E083 (10/02)