2002 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2002 8:00 am Secretary of State DOCUMENT # L01000014331 01-23-2002 90078 047 ****50.00 OLD BOSTON SEAFOOD COMPANY, LLC Principal Place of Business Mailing Address 312 SOUTHEAST 17TH STREET 312 SOUTHEAST 17TH STREET SECOND FLOOR SECOND FLOOR FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1131967 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Saavedra, Damaso W Street Address (P.O. Box Number is Not Acceptable) 312 SOUTHEAST 17TH STREET SECOND FLOOR FT. LAUDERDALE FL 33316 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when ceinstating) 7 3 2 FILE NOW!!! REE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE **MGRM** PRESIDENT/SECRETARY | Delete TITLE ☐ Addition Change NAME PITTSLEY, DONALD NAME STREET ADDRESS 312 SOUTHEAST 17TH STREET STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33316 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change 정치 Addition TREASURER NAME NAME REBECCA PITTSLEY STREET ADDRESS STREET ADDRESS 312 SE 17TH STREET, 2ND FLOOR CITY-ST-7IP CITY-ST-ZIP LAUDERDALE, FLORIDA 33316 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 exposured to execute this report as required by Chapter 608, Florida Statutes.

PRES/MGRM

SIGNATURE AND PORTOR PRINTER HAMPOF EIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

JANUARY

Date

2002

Daytime Phone #

FILED