

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0075334

DOCUMENT # L02000027178

1. Entity Name

CHILESEAFOOD LLC



FILED

03 MAY 14 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

2ND FLOOR, 1464 WASHINGTON AVE.  
MIAMI BEACH FL 33139

Mailing Address

2ND FLOOR, 1464 WASHINGTON AVE.  
MIAMI BEACH FL 33139

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1035 WEST AVE.

Suite, Apt. #, etc.

805

City & State

City & State

MIAMI BEACH FLORIDA

4. FEI Number

02 0648952

Applied For

Not Applicable

Zip

Country

Zip

Country

33139

USA

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FILINGS, INC.~~

~~3732 N.W. 16TH ST.~~

~~FT LAUDERDALE FL 33311~~

Name

RODRIGO I. CABRERA

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

1035 WEST AVE. #805

City MIAMI BEACH

FL

Zip Code

33139

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]*

~~SECRETARY~~ MANAGER MGR

(NOTE: Registered Agent signature required when reinstating)

4/29/03

DATE

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

500018948016  
05/14/03--01070--001 \*\*55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM  
STREET ADDRESS SOCIEDAD COMERCIAL MARINE CHOICE S.A.  
CITY-ST-ZIP AVE 2 DE MAYP X/N  
EN LA CIUDAD DE PARGUA CHILE

TITLE NAME MGRM ☒ Change ☐ Addition  
STREET ADDRESS SOCIEDAD COMERCIAL MARINE CHOICE S.A.  
CITY-ST-ZIP 21 DE MAYO S/N, PARGUA, CHILE

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGR ☐ Change ☒ Addition  
STREET ADDRESS RODRIGO CABRERA  
CITY-ST-ZIP 1035 WEST AVE #805, MIAMI BEACH FL  
33139

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 REQUIRED

4/29/03

305-3338814

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

Date

Daytime Phone #

CR2E083 (10/02)