

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 DEC -6 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600009397146
12/06/02--01036--003 **150.00

DOCUMENT # **M20525**
1. Entity Name
**CAPTAIN MIKE'S FRESH FISH AND
SEAFOOD, INC**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4963 S. STATE RD 7
Suite, Apt. #, etc.
City & State
DAVIE FL
Zip
33314
Country
BROWARD

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
33314
Country
US

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2579779
Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
MICHAEL ABRAMS
Street Address (P.O. Box Number is Not Acceptable)
4963 S. STATE RD 7
City
DAVIE FL Zip Code
33314

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 _____
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.
**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T JUDY ABRAMS 4102 TAYLOR ST HOLLYWOOD FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600009397146 12/06/02--01036--003 **150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Judy Abrams S/T** 11/15/02 954-791-2855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034B (12/01)



**Captain Mike's
Fresh Fish & Seafood, Inc.**

October 24, 2002

Florida Department of State
Division of Corporations

To Whom it may concern -

We received notice of dissolution of
M20525 - due to not filing. We to the best
of my knowledge never received other
notices. For 18 years we have always
filed in a timely manner.

Please find enclosed check for
\$150.00

Thank you

Judy Abrams
Treasurer