

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M 20525**

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

3. Mailing Address

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

4. FEI Number

59-2579779

Applied For

Not Applicable

Zip

33314

Country

BROWARD

Zip

33314

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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.
(See criteria on back) ☐

**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	5/17/02 JUDY ABRAMS 4102 TAYLOR ST HOLLYWOOD FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIKE ABRAMS 402 TAYLOR ST HOLLYWOOD FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

FILED

02 DEC -5 AM 9:20

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

DO NOT WRITE IN THIS SPACE



**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