## FILED **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 11, 2002 8:00 am M68164 DOCUMENT # **Secretary of State** 1. Entity Name 02-11-2002 90060 026 \*\*\*150 00 ANCHOR SEAFOOD, INC. Principal Place of Business Mailing Address 6317 S.W. 11TH, STREET 10265 SW 70TH STREET **MIAMI FL 33144** MIAM! FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0155969 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINEZ-MALO, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 10265 SW 70 ST. **MIAMI FL 33173** Zip Code 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)☐ Change Addition TITLE ☐ Delete TITLE MARTINEZ-MALO, ANTONIO NAME NAME CR2E034 10265 SW 70 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 'MIAMI'FL`33173 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete □ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19 07(3)(i). Elorida 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 Block 12 if of the corporation or the rece changed, or on an attachmen ANTONIO MARTINEZ-MALO

CITY-ST-ZIP

SIGNATURE/

CITY-ST-ZIP

(305) 596-6424

Daytime Phone #