

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91561 025 ***150.00

DOCUMENT # **P000000010084**

1. Entity Name

ORE SEAFOOD, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 Manor Lane

Suite, Apt. #, etc.

3. Mailing Address

600 Manor Lane

Suite, Apt. #, etc.

City & State

Marathon, Florida

City & State

Marathon, Florida

4. FEI Number

65-0977554

Applied For

Not Applicable

Zip

Country

33050

U.S.A.

Zip

Country

33050

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Gonzalez, Orelia C.

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

600 Manor Lane

City

Marathon

FL

Zip Code

33050

**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
P
Orelia C. Gonzalez
600 Manor Lane
Marathon, FL 33050

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V/P
Pedro A. Gonzalez
600 Manor Lane
Marathon, FL 33050

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

Orelia C. Gonzalez

4/16/02

Date

305-743-2255

Daytime Phone #

CR2E034B (12/01)