

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-16-2001 90054 037 ***150.00

DOCUMENT # P00000032038

1. Entity Name

THE BIG KAHUNA FISHING VILLAGE, INC.

Principal Place of Business

16423 N.W. 83 PL.
 MIAMI LAKES FL 33016

Mailing Address

16423 N.W. 83 PL.
 MIAMI LAKES FL 33016

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Key Largo FL
33037

City & State

Marietta
30060

4. FEI Number

65-0999175

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OSHINSKY, LEONARD ESQ
1150 E. HALLANDALE BEACH BLVD., STE. A
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D President** ☐ Delete
 NAME **GUERRA, LUIS**
 STREET ADDRESS **16423 N.W. 83 PL**
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **Vice President** ☐ Change ☒ Addition
 NAME **GUERRA, LUIS**
 STREET ADDRESS **16423 N.W. 83 PL**
 CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

305-557-7543

Daytime Phone #

CR2E034 (10/00)