2002 UNIFORM BUSINESS REPORT (UBR)

May 08, 2002 8:00 am E Secretary of State DOCUMENT # P00000038330 1. Entity Name 05-08-2002 90016 027 ***150.00 SEAFOOD FOR YOU.COM. INC. Principal Place of Business Mailing Address 520 N.W. 165 ST. RD., STE. 104 520 N.W. 165 ST. RD., STE. 104 MIAMI FL 33169 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1012251 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAETRO, ANTHONY S Street Address (P.O. Box Number is Not Acceptable) 1090 KANE CONCOURSE, STE. 202 BAY HARBOUR ISLAND FL 33154 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. أحوجرا 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Addition ☐ Change BATES, DONALD H NAME STREET ADDRESS 520 N.W. 165 ST. RD., STE. 104 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME Superstein, Rick STREET ADDRESS 520 N.W. 165 ST. RD., STE. 104 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 ☐ Delete TITLE TITLE ☐ Change Addition NAME LAMOUTTE; FELIX ~ NAME STREET ADDRESS 520 N.W. 165 ST. RD., STE. 104 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 fulstee 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED