

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90971 044 ***150.00

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1. Entity Name

BISCAYNE BAY ASSOCIATED SHRIMPERS, INC.



Principal Place of Business

**PO BOX 540305
OPA LOCKA FL 33054**

Mailing Address

**PO BOX 540305
OPA LOCKA FL 33054**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1002784**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOPEZ, REGINA
3315 SW 91 ST AVENUE
MIAMI FL 33165**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D SALGADO, CARMELO**
STREET ADDRESS **7630 SW 21ST STREET**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete
NAME **D PEREZ, EDUARDO**
STREET ADDRESS **2500 SW 77TH COURT**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete
NAME **D RODRIGUEZ, TOMAS**
STREET ADDRESS **3010 NW 6TH ST**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Delete
NAME **D LOPEZ, REGINA**
STREET ADDRESS **3315 SW 91ST AVENUE**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
NAME **D LOPEZ, JESUS**
STREET ADDRESS **3315 SW 91ST AVENUE**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **D GALINDO, CARLOS**
STREET ADDRESS **15131 SW 70th St**
CITY-ST-ZIP **Miami, FL 33193**

TITLE ☐ Change ☒ Addition
NAME **D VALERA, ELIO**
STREET ADDRESS **231 SW 2nd Street**
CITY-ST-ZIP **Miami, FL 33145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mar 23, 2003 (305) 223-4870

CR2E034 (10/02)