

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1-56588

1. Entity Name

AMMIE'S SEAFOOD BARG
GRILL INC.



FILED

04 APR -2 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

148 NW 167 St.

3. Mailing Address

910 DUNAD

Suite, Apt. #, etc.

MOONDAY INN HOTEL

Suite, Apt. #, etc.

AVE.

City & State

N. MIAMI FL.

City & State

OPA LOCKA FL.

4. FEI Number

65-198056

Applied For

Not Applicable

Zip

33169

Country

DADE

Zip

33054

Country

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

AMALIA N. ROJAS

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

910 DUNAD AVE.

City

OPA LOCKA

FL

Zip Code

33054

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] (Owner) (Not Sure If F8 Above Signature) MARCH 24, 2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>ANGEL WILLY MACRAG</u> <u>910 DUNAD AVE. OPA</u> <u>LOCKA FL. 33054</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>PRESIDENT</u> <u>AMALIA N. ROJAS</u> <u>910 DUNAD AVE OPA LOCKA FL.</u> <u>33054</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature] (AMALIA N. ROJAS)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/30/04 - 305-685-6470

Date

Daytime Phone #

CR2E034B (12/02)