## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 29, 2001 8:00 am DOCUMENT # P00000059323 **Secretary of State** LUCKY SEAFOOD, INC. 03-29-2001 90970 001 \*\*\*150.00 03-29-2001 90970 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 5020 NW 178 TERR 5020 NW 178 TERR MIAMI FL 33055 MIAMI FL 33055 00013 2. Principal Place of Business 3. Mailing Address 1177 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State, City & State 4. FEI Number Applied For Mianu Not Applicable Zip Country Žip Country \$8.75 Additional 5. Certificate of Status Desired 3315<u>C</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORENO, BEATRICE G Street Address (P.O. Box Number is Not Acceptable) 5020 NW 178 TERR MIAMI FL 33055 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 reinstating) DATE 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. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Director. TITLE ☐ Delete TITLE Addition President/Director Change MORENO NAME NAME MORENO RAMON STREET ADDRESS STREET ADDRESS ERROR Terrace รอลด กพ 178 CITY-ST-ZIP CITY-ST-ZIP Miami TITLE VP/ Sec. Trags. Divador Change NAME BEATRICE G. STREET ADDRESS STREET ADDRESS 5020 nw 178 CITY-ST-7IP TITLE. = = TITLE: == == Change - Addition: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME 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 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 of 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.

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Daytime Phone #