

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000078057**

1. Entity Name

**INDUMAR SEAFOOD, CORP.****FILED****Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90068 024 \*\*\*150.00

Principal Place of Business

C/O MANUEL M. ARVESU, P.A.  
201 ALHAMBRA CIRCLE, SUITE 502  
CORAL GABLES FL 33134

Mailing Address

C/O MANUEL M. ARVESU, P.A.  
201 ALHAMBRA CIRCLE, SUITE 502  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8200 NW 27 Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

-112

City &amp; State

Miami FL

City &amp; State

Zip

33122

Country

DADE

Zip

Country

4. FEI Number

65-1033851

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARVESU, MANUEL M  
201 ALHAMBRA CIRCLE  
SUITE 502  
CORAL GABLES FL 33134

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 reinstating)

DATE

1-23-01

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 PD ☐ Delete  
NAME RINCON, EDWIN  
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 502  
CITY-ST-ZIP CORAL GABLES FL 33134TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VPD ☐ Delete  
NAME OSORIO, ALFREDO  
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 502  
CITY-ST-ZIP CORAL GABLES FL 33134TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE SD ☐ Delete  
NAME MARTINEZ, FERNANDO  
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 502  
CITY-ST-ZIP CORAL GABLES FL 33134TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE TD ☐ Delete  
NAME MARTINEZ, ESTHER  
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 502  
CITY-ST-ZIP CORAL GABLES FL 33134TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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 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

Date

Daytime Phone #

Feb 22-01

305-4777301

CR2E034 (10/00)