

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90214 042 ***150.00

DOCUMENT # P00000094673

1. Entity Name
MG SEAFOOD CORP.

Principal Place of Business

**744 85TH STREET
 #1
 MIAMI BEACH FL 33141**

Mailing Address

**744 85TH STREET
 #1
 MIAMI BEACH FL 33141**

2. Principal Place of Business

2380 Flamingo Dr.

Suite, Apt. #, etc.

Apt. 204

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Address

2380 Flamingo Dr.

Suite, Apt. #, etc.

Apt. 204

City & State

Miami Beach, FL

Zip

33140

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1045557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MUNOZ, CHELA M

744 85TH STREET

APT 1

MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name

Muñoz Chela M

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

2380 Flamingo Dr.

Apt. 204

City

Miami Beach

FL

Zip Code

33140

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
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **MUNOZ, CHELA M**
 CITY-ST-ZIP **618 EUCLID AVE, APT 301**
MIAMI FL 33139

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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

305-673-9550

CR2E034 (9/01)