

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 05, 2001 8:00 am
Secretary of State

03-14-2001 90470 018 ***150.00

DOCUMENT # P00000096321

1. Entity Name

SHRIMPFEEDER INC



Principal Place of Business

8313 NW 68TH ST
MEDLEY FL 33166

Mailing Address

8313 NW 68TH ST
MEDLEY FL 33166

2. Principal Place of Business

7339 NW 73rd terrace

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

Zip

33166

Country

USA

Zip

Country

4. FEI Number

65-1047110

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRITO, HUGO M
8313 NW 68TH ST
MEDLEY FL 33166

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.

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
BRITO, HUGO M
8313 NW 68TH ST
MEDLEY FL 33166

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DIRECTOR
LUCIANO RONALDO
1430 NE 4th CT
Boca Raton, FL 33432

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DIRECTOR
Guilherme Colaferrri
8313 NW 68th ST
Medley, FL 33166

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

SS.#
144-62-7268

☐ Change

☒ Addition

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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

3/31/2001

Date

463 7640
(305) 594 9889

Daytime Phone #

CR2E034 (10/00)