

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90060 029 \*\*\*158.75

**DOCUMENT # P00000096321**

**1. Entity Name**  
**SHRIMPFEEDER INC**

**Principal Place of Business**  
**7339 NW 73RD TERRACE**  
**MEDLEY FL 33166**

**Mailing Address**  
**8313 NW 68TH ST**  
**MEDLEY FL 33166**

**2. Principal Place of Business**  
**8181 NW 36th STREET**

**3. Mailing Address**  
**3505 TORREHOLMOS AVE.**

**Suite, Apt. #, etc.**  
**14-AB**

**Suite, Apt. #, etc.**

**City & State**  
**MIAMI, FL**

**City & State**  
**MIAMI, FL**

**4. FEI Number** **65-1047110**

**Applied For**  
**Not Applicable**

**Zip**  
**33166**

**Country**  
**USA**

**Zip**  
**33178**

**Country**  
**USA**

**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** **BRITO, HUGO M.**

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

**3505 TORREHOLMOS AVE**

**City** **MIAMI, FL**

**FL**

**Zip Code** **33178**

**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** *Hugo Brito* - **HUGO BRITO - PRESIDENT**

**1/8/02**

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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ **Delete**  
**NAME** **BRITO, HUGO M**  
**STREET ADDRESS** **8313 NW 68TH ST**  
**CITY-ST-ZIP** **MEDLEY FL 33166**

**TITLE** **D** ☒ **Delete**  
**NAME** **BONALDO, LUCIANO**  
**STREET ADDRESS** **1430 NE 4TH CT**  
**CITY-ST-ZIP** **BOCA RATON FL 33432**

**TITLE** **D** ☒ **Delete**  
**NAME** **COLAFERRI, GUILLERME**  
**STREET ADDRESS** **8313 NW 68TH ST**  
**CITY-ST-ZIP** **MEDLEY FL 33166**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **VP** ☐ **Change** ☒ **Addition**  
**NAME** **LOBO, ANDRE**  
**STREET ADDRESS** **8181 NW 36th STREET STE. 14-A**  
**CITY-ST-ZIP** **MIAMI, FL 33166**

**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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**CITY-ST-ZIP**

**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:** *Hugo Brito* **HUGO BRITO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/2002**

Date

**(305) 463 7640**

Daytime Phone #

CR2E034 (9/01)