

2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115542

1. Entity Name

OCEANIKA FOOD INTERNATIONAL, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90109 005 ***158.75

Principal Place of Business

601 BRICKELL KEY DRIVE
SUITE 802
MIAMI FL 33131

Mailing Address

601 BRICKELL KEY DRIVE
SUITE 802
MIAMI FL 33131

2. Principal Place of Business

3300 NE 191 ST

Suite, Apt. #, etc.

312

City & State

MIAMI FL

3. Mailing Address

780 N.W. Le Jeune Rd #516

Suite, Apt. #, etc.

MIAMI, FL

City & State

MIAMI, FL

Zip

33180

Country

US

Zip

33126

Country

MIAMI, FL

6. Name and Address of Current Registered Agent

VAZQUEZ, GERARDO A ESQ.
601 BRICKELL KEY DRIVE
SUITE 802
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Aurelio A. Piedra

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

780 N.W. Le Jeune Rd #516

City

MIAMI

FL

Zip Code

33126

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

4-13-01

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 \$350.00

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

PRESIDENT
NICOLAS GERDE
3300 NE 191 ST. APT 312
MIAMI - FL - 33180

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VICEPRESIDENT
JOSE MARIA GERDE
3300 NE 191 ST. APT 312
MIAMI - FL - 33180

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TITLE 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

04/13/01

Date

305 692 7588

Daytime Phone #

CR2E034 (10/00)