

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000031885

1. Entity Name
CLIPPER SEAFOOD, INC.



08-22-2003 90103 001 150.00
P01000031885

FILED

03 AUG 26 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
500 NE 185 STREET
MIAMI FL 33179

Mailing Address
500 NE 185 STREET
MIAMI FL 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1096800

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

ATENCIO, RODOLFO V
500 NE 185 STREET
MIAMI FL 33179

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ATENCIO, RODOLFO
500 NE 185 STREET
MIAMI FL 33179 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
ATENCIO, JUDITH
500 NE 185 STREET
MIAMI FL 33179 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 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

8-19-03

800-641-4450

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #

80139856

PO1000031855

Clipper Seafood, Inc.

500 NE 185th Street Miami Florida 33179 ph: (305) 493-2183 fax: (888) 542-1115

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

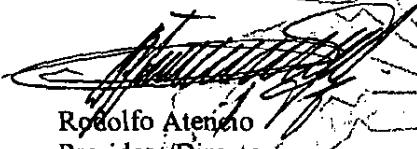
August 13, 2003

Dear Sir or Madam:

This notice is to inform you that this late notice is the first notice that we have received concerning the 2003 Uniform Business Report. Please ensure that the original report is mailed timely to our correct address so we can be certain the report is filed within the given time frame.

Please remove any penalties associated with this late report filing as per the FAQ of the report instructions.

Thank you,



Rodolfo Atencio
President/Director
Clipper Seafood, Inc.

