

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

P01000043254

DOCUMENT # **P01000043254**

1. Entity Name **FISH DEPOT, INC.**



FILED
03 JUL 25 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800022165078
08/08/03--01029--014 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15036 NE 6th AVE

Suite, Apt. #, etc.

3. Mailing Address

15036 NE 6th AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-3856219

Applied For

Not Applicable

Zip

33161

Country

Zip

33161

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

WALTER CRINO

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

19503 NW 2nd AVE

City

MIAMI

FL

Zip Code

33169

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

X 4/29/03

January 1st May 1st Fee is \$150.00

After May 1st Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **DIRECTOR**
NAME **RUI EUGENIO MONTGRO DA SILVA**
STREET ADDRESS **15740 SW 101st St**
CITY-ST-ZIP **MIAMI FL 33161**

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/29/03

Date

Daytime Phone #

X 305-945-1744

CR2E034B (12/02)