

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90109 015 ***150.00

DOCUMENT # P01000063631

1. Entity Name

COMPLETE ANGLER FISHING SUPPLIES, INC.



Principal Place of Business

6827 BIRD ROAD

MIAMI FL 33155

Mailing Address

6535 S.W. 49 STREET

MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1123848

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FONSECA, NELSON D

6535 S.W. 49 STREET

MIAMI FL 33155

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. 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 \$150.00

After May 1, 2003 Fee will be \$550.00

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	SVP	<input type="checkbox"/> Delete
NAME	FONSECA, NELSON D	
STREET ADDRESS	6535 SW 49 ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	P	<input type="checkbox"/> Delete
NAME	FONSECA, JOSE R	
STREET ADDRESS	7601 SW 140 ST	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FONSECA, FRANK J	
STREET ADDRESS	6535 SW 49 ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FONSECA, DENNIS J	
STREET ADDRESS	7900 SW 89 CT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2/15/2003

Date

305-661-0878

Daytime Phone #

CR2E034 (10/02)