

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

DOCUMENT # P01000091427

1. Entity Name  
Mediterranean Sea Food, Inc

**DO NOT WRITE IN THIS SPACE**

FILED

02 MAR -5 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
6991 NW 51 St

Suite, Apt. #, etc.

3. Mailing Address  
6991 NW 51 St

Suite, Apt. #, etc.

City & State Miami FL

City & State Miami, FL

4. FEI Number  
65 1138944

Applied For  
Not Applicable

Zip 33166 Country USA

Zip 33166 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**7. Name and Address of Current Registered Agent**

Name Hector Aguilar

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

6991 NW 51 St

City Miami FL Zip Code 33166

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IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 P  
NAME Hector Aguilar  
STREET ADDRESS 6991 NW 51 St  
CITY-ST-ZIP Miami, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400005109674--7  
-03/15/02--01016--005  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE sec  
NAME Sergio Benitez  
STREET ADDRESS 6991 NW 51 St  
CITY-ST-ZIP Miami, FL 33166

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/02 (305) 468-6611

Date

Daytime Phone #