

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *PO 1000 114454*

FILED

02 OCT 31 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

KRYSTAL CLEAR FISHERIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6900 NW 36TH Ave

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number

30-000 1970

Applied For

Not Applicable

Zip

33147

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JEFFREY MARTINEZ - MAJO

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

6900 NW 36TH AVE.

City

MIAMI FL

FL

Zip Code

33147

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

J. Martinez, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/15/02

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	<i>PRESIDENT</i>
NAME	<i>JEFFREY MARTINEZ - MAJO</i>
STREET ADDRESS	<i>6900 NW 36TH AVE.</i>
CITY - ST - ZIP	<i>MIAMI, FL 33147</i>
TITLE	<i>VICE - PRESIDENT</i>
NAME	<i>DAVID KAPLAN</i>
STREET ADDRESS	<i>6900 NW 36TH AVE.</i>
CITY - ST - ZIP	<i>MIAMI, FL 33147</i>
TITLE	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

J. Martinez, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

786 285 3913

CR2E034B (12/01)

gs 11/6/02

MIAMI, 10/15/02

ATT: DEPARTMENT OF STATE

SIRS:

WE NEVER RECEIVE BEFORE THE ANNUAL REPORT, ACCEPT PLEASE THIS PAYMENT IN ORDER TO BRING IT UP DATE AND . WE ARE VERY SORRY FOR THE INCONVIENCE.

SINCERELY,

JEFFREY MARTINEZ