FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 30 AM 10: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000025153

1. Entity Name

SEA HARBOR FISHMART INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4807 NW 183RD STREET	N/A
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State MIAMI, FLORIDA	City & State N/A
Zip 33055 Country USA	Zip N/A Country N/A

4. FEI Number 42-1532191 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name BASIL L. DALLAS, Sr.

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

18301 NW 2ND COURT

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 _____ JUNE 23, 2003

Signature of, and printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when changing) DATE

January 1 - May 1 Fee is $150.00
After May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	ALBERGA, DOREEN (Director) 16240 SW 107TH PLACE MIAMI, FLORIDA 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWARDS, NEVILLE (Director) 4807 NW 183RD STREET MIAMI, FLORIDA 33055
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CR2E034B (12/02)

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: _____ 06/23/03 3055863153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #