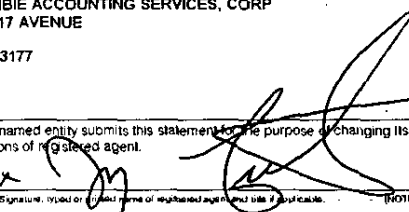
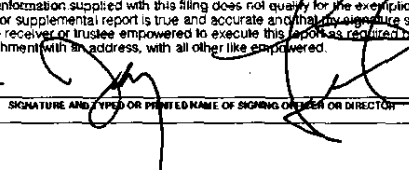


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91773 030 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000041521		
1. Entity Name 247 SEAFOOD TRANSFER, CORP		
Principal Place of Business 16115 SW 117 AVENUE SUITE 25 MIAMI, FL 33177		Mailing Address 16115 SW 117 AVENUE SUITE 25 MIAMI, FL 33177
2. Principal Place of Business PO Box 162028		3. Mailing Address PO Box 162028
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State MIAMI FL		City & State MIAMI FL
Zip 33116		Country
4. FEI Number 35-2165584		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ABERCROMBIE ACCOUNTING SERVICES, CORP 16115 SW 117 AVENUE SUITE 25 MIAMI, FL 33177		7. Name and Address of New Registered Agent Name JERRY LEITERMAN Street Address (P.O. Box Number is Not Acceptable) 12303 SW 104 LN City MIAMI FL Zip Code 33186
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  DATE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.)		
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 NAME STREET ADDRESS CITY-ST-ZIP PO LEITERMAN, JERRY M 12301 SW 115TH TERRACE MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP 12303 SW 104 LN MIAMI FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(1), 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:  DATE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

11040921



☒ CHECK HERE IF MAKING CHANGES

CR0304 (10/02)