

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000054346

1. Entity Name

S.R.B. SEAFOOD, INC.

Principal Place of Business

Mailing Address

P O BOX 501427
MARATHON FL 33050

P O BOX 501427
MARATHON FL 33050-1427

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

65-0506377

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BETANCOURT, GRIMILDA
7949 GULFSTREAM BLVD
MARATHON FL 33050

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.

SIGNATURE

Grimilda Betancourt (President)

4-26-00

DATE

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

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input type="checkbox"/> Delete
NAME	BONACHEA, GRISELDA	
STREET ADDRESS	6841 SW 23RD ST	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BETANCOURT, GRIMILDA	
STREET ADDRESS	7949 GULFSTREAM BLVD	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Grimilda Betancourt

GRIMILDA Betancourt

4-26-00

305 743-0494

Daytime Phone

06-20-2000 90013 039 ***150.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 30 PM 4:56



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

ATT: ANDY -FAX 850 487-6017
attachment
P94000054346

June 14, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Attention: Shawn Toner - Supervisor
Re: Document #P94000054346

850 487-6059 #2

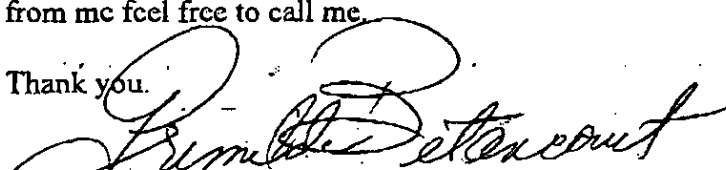
I just received in the mail my annual report torn and mutilated without my check. I called the bank and the check is still outstanding. I called this morning to verify if your office had received my check for \$150 which had been mailed to you on 4/26/00 along with my annual report and was advised that nothing had been received.

I always keep copies of my reports. Attached is copy of the original report and the original check that was mailed to you along with a replacement check as I was instructed to do by your customer service department.

Please acknowledge receipt of this correspondence. I can be reached days at (305) 743-0494 and evenings at (305) 743-4809.

I greatly appreciate your assistance in this matter and if you need further information from me feel free to call me.

Thank you.


Grimalda Betancourt
President
SRB Seafood Inc.
P.O. Box 501427
Marathon, FL 33050