

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91164 044 \*\*\*150.00

**DOCUMENT # P94000065151**

1. Entity Name

OCEAN FRESH SEAFOOD, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

999 PONCE DE LEON BLVD.

3. Mailing Address

999 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 1045

Suite, Apt. #, etc.

SUITE 1045

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.

Zip

33134

Country

U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0550408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

RAYMOND J. ZOMERFELD

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

999 PONCE DE LEON BLVD.

SUITE 1045

City

CORAL GABLES

**FL**

Zip Code

33134

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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

*R. Zomerfeld*

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

(NOTE: Registered Agent signature required when reinstating)

*4-30-2*

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 \$81.25  
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	D
NAME	GARRETT G. ALBERTS
STREET ADDRESS	999 PONCE DE LEON BLVD.
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	KAREN J. ALBERTS
STREET ADDRESS	999 PONCE DE LEON BLVD.
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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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)(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:

*Karen Alberts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)