

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90049 003 ***150.00

DOCUMENT # P95000001951

1. Entity Name

PREMIUM SEAFOOD, INC.

Principal Place of Business

15150 NW 79TH COURT, S-195
MIAMI LAKES FL 33016

Mailing Address

15150 NW 79TH COURT, S-195
MIAMI LAKES FL 33016

2. Principal Place of Business

6595 NW 36th ST

3. Mailing Address

6595 NW 36th ST

Suite, Apt. #, etc.

Suite 300 C

Suite, Apt. #, etc.

Suite 300 C

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

6. Name and Address of Current Registered Agent

JOHNSON, OTHNIED
15150 NW 79TH COURT, S-195
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

Name

MARIA RODRIGUEZ

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

6595 NW 36th ST

Suite 300 C

City

MIAMI, FL

FL

Zip Code

33166

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE PSD
NAME JOHNSON, OTHNIED
STREET ADDRESS 17334 N.W. 9TH AVE
CITY-ST-ZIP MIAMI FL 33169

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME JUAN T. RODRIGUEZ
STREET ADDRESS 6595 NW 36th ST. Suite # 300 C
CITY-ST-ZIP MIAMI, FL 33166

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

705-805-7079

CR2E034 (10/00)