

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000069923

1. Entity Name
INTERAMERICAN SEAFOOD, INC.

Principal Place of Business

**2740 WEST 81 STREET
HIALEAH FL 33016**

Mailing Address

**7900 SW 67 TERRACE
MIAMI FL 33143**

2. Principal Place of Business

235 S.W. REJOUVE Rd.
Suite, Apt. #, etc.

3. Mailing Address

235 S.W. REJOUVE Rd.
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33134

Country

DADE

Zip

33134

Country

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NETSCH, MATTE R
235 SW 42 AVENUE
MIAMI FL 33134-1762**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPVT** ☐ Delete
NAME **KLEIN, DANIEL**
STREET ADDRESS **2740 WEST 81 STREET**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **NETSCH, MATTE R**
STREET ADDRESS **235 SW 42 AVE**
CITY-ST-ZIP **MIAMI FL 33134-1762**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90014 027 ***150.00

00020849



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0608275**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2034 (10/00)