

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077238

1. Entity Name

KEYSTONE INTERNATIONAL SEAFOODS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90066 036 ***150.00

Principal Place of Business

1090 NW 23rd St
 Miami, FL 33127

Mailing Address

8320 E. Dixie Hwy.
 Miami, FL 33138

2. Principal Place of Business

1090 NW 23rd St.
 Suite, Apt. #, etc.

3. Mailing Address

8320 E. Dixie Hwy.
 Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0613216

Applied For

Not Applicable

Zip

33127

Country

MIAMI-DADE

Zip

33138

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SINNETT, DEBRA A

8320 E. Dixie Hwy.
 Miami, FL 33138

7. Name and Address of New Registered Agent

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, type, printed name of registrant.

Signature, type, printed name of registrant.

(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, 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

TITLE PS
 NAME SINNETT, DEBRA A
 STREET ADDRESS 8320 E. Dixie Hwy.
 CITY-ST-ZIP MIAMI, FL 33138

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 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 #

4-24-2000 305-633-5151