

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90116 046 ***150.00

DOCUMENT # **P95000077238**

1. Entity Name
KEYSTONE INTERNATIONAL SEAFOODS, INC. DEPARTMENT OF STATE

Principal Place of Business

Mailing Address

~~4000 NW 23RD ST~~
~~MIAMI FL 33127~~

~~8320 E. DIXIE HIGHWAY~~
~~MIAMI FL 33138~~

Change of address

2. Principal Place of Business

7100 Biscayne Blvd

3. Mailing Address

8320 E. Dixie Hwy.

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33138

Country

USA

Zip

33138

Country

USA

4. FEI Number

65-0613216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SINNETT, DEBRA A

~~8320 E. DIXIE HWY~~
MIAMI FL 33135

**7100 Biscayne Blvd.
 Suite # 105**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2002 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** ☐ Delete

NAME **SINNETT, DEBRA A**

STREET ADDRESS ~~8320 E. DIXIE HWY~~ **7100 Biscayne Blvd.**

CITY-ST-ZIP **MIAMI FL 33138** **# 105**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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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:

Debra A. Sinnett **President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

Date

Daytime Phone #

(305) 759-3345

CR2E034 (9/01)