

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001649

1. Entity Name

GOLDEN SEAFOOD CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90042 038 ***150.00

Principal Place of Business

Mailing Address

4320 NW 107 AVE
207
MIAMI FL 33178
US

PO BOX 720388
MIAMI FL 33172-0007
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8290 LAKE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

416

City & State

City & State

MIAMI FLORIDA

Zip

Country

Zip

Country

33166 USA

4. FEI Number 65-0632008

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VINCENZO NICOCICCHIA
4320 NW 107TH AVE
MIAMI FL 33178

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	VINCENZO NICOCICCHIA	4320 NW 97TH AVE	MIAMI FL 33172	<input type="checkbox"/>
VSD	NICOLICCHIA, VINCENZO	15420 S.W. 75 CIRCLE LANE	MIAMI FL 33193	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PRESIDENT	VINCENZO NICOLICCHIA	8290 LAKE DRIVE #416	MIAMI FL 33166	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

VINCENZO NICOLICCHIA 04/24/00 305 999 9556

CR2E034 (9/99)