

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002067

1. Entity Name
SUN RAY SEAFOOD, INC.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90066 008 ***150.00

Principal Place of Business

15223 NW 60TH AVE
MIAMI LAKES FL 33014
US

Mailing Address

P O BOX 5352
MIAMI LAKES FL 33014
US

930493



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0668310**

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

KRAWITZ, SNDRA G P
~~4 LINCOLN PL~~
~~1900 GLADES RD STE 357~~
~~BOCA RATON FL 33431~~

NEW ADDRESS →

Name

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

311 UNIVERSITY DRIVE
SUITE 615

City

CORAL SPRINGS

FL

Zip Code

33065

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 ☐ Delete
NAME **D GARZA, STEPHEN**
STREET ADDRESS **15215 NW 60 AVE**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE ☒ Change ☐ Addition
NAME **D GARZA, STEPHEN**
STREET ADDRESS **16020 ABERDEEN WAY**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE ☐ Delete
NAME **D ROELANS, RON**
STREET ADDRESS **16161 E TROOM COR**
CITY-ST-ZIP **MIAMI FL 33014**

TITLE ☒ Change ☐ Addition
NAME **D ROELANS, RON**
STREET ADDRESS **16161 E. TROOM CIRCLE**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: Stephen Garza **PRESIDENT STEPHEN GARZA** **PRESIDENT** **03/08/01** **305-819-8327**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)