

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019117

1. Entity Name
OLYMAR SEAFOOD, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90086 009 ***150.00

Principal Place of Business
6943 W. 7TH AVE.
HIALEAH FL 33014

Mailing Address
6943 W. 7TH AVE.
HIALEAH FL 33014-4871

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **65-0645965**
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

GUTIERREZ, JUAN M
6943 W. 7TH AVE.
HIALEAH FL 33014

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  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DP
STREET ADDRESS GUTIERREZ, ELBA
CITY-ST-ZIP 6943 W. 7TH AVE.
HIALEAH FL 33014

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

TITLE ☐ Delete
NAME DVS
STREET ADDRESS GUTIERREZ, JUAN M
CITY-ST-ZIP 6943 W. 7TH AVE.
HIALEAH FL 33014

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:  **Elba Gutierrez President** 1-12-2000 (305) 557-7589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)