

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90029 032 ***150.00

DOCUMENT # P96000030098

1. Entity Name

SABASTIEN AND MARIE SEAFOOD, INC.

Principal Place of Business

Mailing Address

1177 NW 81 ST
MIAMI FL 33150
US

10160 TORCHWOOD AVE
PLANTATION FL 33324-2220
US

00011010

2. Principal Place of Business

1177 NW 81st Street
Suite, Apt. #, etc.
Miami, FL 33150
City & State

3. Mailing Address

10160 Torchwood Ave
Suite, Apt. #, etc.
Plantation FL
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0666045**

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 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 **PT** ☐ Delete
NAME **FRANCOIS, SEBASTIEN**
STREET ADDRESS **10160 TORCHWOOD AVE.**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **VS** ☐ Delete
NAME **FRANCOIS, MARIE**
STREET ADDRESS **10160 TORCHWOOD AVE.**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **PT** ☐ Delete
NAME **FRANCOIS SEBASTIEN**
STREET ADDRESS **10160 TORCHWOOD AVE**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **VS** ☐ Delete
NAME **FRANCOIS MARIE L**
STREET ADDRESS **10160 TORCHWOOD AVE**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Sebastien Francois **SEBASTIEN FRANCOIS** 01-20-00 305-836 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *