2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State
01-15-2003 90295 014 ***163.75

DOCUMENT # P96000039118

1. Entity Name
GENESIS SEAFOOD INT'L, INC.

Principal Place of Business	Mailing Address
7580 NW 77TH TERRACE MEDLEY FL 33166	7580 NW 77TH TERRACE MEDLEY FL 33166

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Same as above	Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0668194 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PASTOR, CATALINA I
6510 MAIN ST. #11-108
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name: Pastor, Catalina F.
Street Address (P.O. Box Number is Not Acceptable): 8012 NW 158th Terrace
City: Miami Lakes FL Zip Code: 33016

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 1-6-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☑ **$5.00** May Be Added to Fees
REPUBLICAN

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD PASTOR, CATALINA 6510 MAIN ST. #11-108 MIAMI LAKES FL 33014	☐ Delete	PRESIDENT PASTOR, CATALINA 8012 NW 158th TERRACE miamiLakes, FL 33016	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PASTOR, LUIS A 6510 MAINSTREET 11-108 MIAMI LAKES FL 33014	☐ Delete	Vice - PRESIDENT PASTOR, CATALINA 8012 NW 158th Terrace MiamiLakes, FL 33016	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-6-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #