

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 96000057039**
 1. Entity Name **WORLD SEDUCTION SEAFOOD INC.**

Principal Place of Business **1850 SW 122 ND. AVE**
SUITE # 116 MIAMI FLORIDA 33175

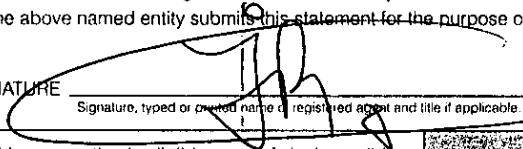
2. Principal Place of Business **1850 SW 122 ND AVE.**
 Suite, Apt. #, etc. **SUITE 116**
 City & State **MIAMI FLORIDA**
 Zip **33175** Country **USA**

3. Mailing Address **SAME.**
 Suite, Apt. #, etc.
 City & State
 Zip Country

6. Name and Address of Current Registered Agent
JULIO C. RODRIGUEZ
1850 SW 122 ND. AVE
SUITE # 116
MIAMI FLORIDA 33175

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.

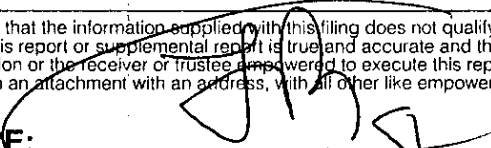
SIGNATURE 
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P JOSE M. GIRO SANTOS		STREET ADDRESS	600004526446--6	
CITY-ST-ZIP	1850 SW 122 ND. AVE # 116		CITY-ST-ZIP	-08/09/01--01015--023	
	MIAMI FLORIDA 33175			****150.00 ****150.00	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VP/S JULIO C. RODRIGUEZ		STREET ADDRESS	600004526446--6	
CITY-ST-ZIP	1850 SW 122 ND. AVE # 116		CITY-ST-ZIP	-08/09/01--01015--024	
	MIAMI FL. 33175			****400.00 ****400.00	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

01 JUL 30 PM 2:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0677109** Applied For ☐ Not Applicable ☒

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