2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082125

1. Entity Name

OCEAN FRESH SEAFOOD MARKETPLACE, INC.

FILED
01 SEP 17 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
4400 N. Federal Highway	4400 N. Federal Highway
Suite, Apt. #, etc.: 210-05	Suite, Apt. #, etc.: 210-05
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33431 Country:	Zip: 33431 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1103258 ☐ 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
Coutu, Robert G. 9001 NW 97 Terrace E Medley, FL 33178	Name: Coutu, Robert G. Street Address (P.O. Box Number is Not Acceptable): 4400 N. Federal Highway Suite 210-05 City: Boca Raton FL Zip Code: 33431

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: 9/10/01
Signature required of new 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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
		Director Coutu, Robert G. 4400 N. Federal Hwy, Ste. 210-05 Boca Raton, FL 33431	
		Director Guariño, Fred 1445 Wampanoag Trail, Ste. 202 East Providence, RI 02915	
		000004602560--7 -09/20/01--01051--005 ***1800.00 ***1800.00	
		REINSTATEMENT 2000 01	

CR2E034 (11/00)

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: _____ Treasurer 8/17/01 401-432-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #